

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26639

State File No.

FILED AUG 1 - 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6494

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Lemay		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 27 515 Forder Rd.						
3. NAME OF DECEASED (Type or Print) a. (First) EMMA			b. (Middle) ELIZABETH		c. (Last) THURINGER		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1891		9. AGE (In years) (Months) (Days) (Hours) (Min.) 65 7 28		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Rothweiler			13b. MOTHER'S MAIDEN NAME Emma Heide1			14. NAME OF HUSBAND OR WIFE Chas. E. Thuringer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Chas. E. Thuringer, 515 Forder Rd, Lemay 23, Mo.					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive and arteriosclerotic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) <u>420.0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>54</u> , to <u>7-10</u> , 19 <u>57</u> that I last saw the deceased alive on <u>7/10</u> , 1957, and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Frank J. Costanzo MD</u>				23b. ADDRESS <u>333 d. Kirkwood Rd, Kirkwood</u>			23c. DATE SIGNED <u>7/12/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>7/15/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7901 Gravois Rd, St. Louis, County</u>				
DATE REC'D BY LOCAL REG. <u>JUL 12 57</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith, MD</u> S.P.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Doff, Inc. Kirkwood Mo.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Mayfield*
Licensed Embalmer No. *309*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.