

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1957

26831

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1691

| | | | | | | | |
|---|-------------------------------|---|-------------------------------------|---|-----------------|--|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>St Louis</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton, Mo</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> | | c. CITY OR TOWN <u>Wellston 4/6/0</u> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co. Hosp.</u> | | Length of stay in lb <u>1 DAY</u> | | d. STREET ADDRESS (If outside, give location) <u>1600 Glenchoat Dr</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <u>Caroline</u> | | Middle <u>C.</u> | | Last <u>Wassman</u> | | Date <u>7-4-57</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 22 1871</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR | | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>George Gelsner</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Fredricka Roller</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>August H. Wassman Jr.</u> Address <u>1600 Glenchoat Dr.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Malnutrition and Arteriosclerosis 4/200</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY | | Hour _____ Month _____ Day _____ Year _____ | | a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>7-3-57</u> to <u>7-4-57</u> and last saw her alive on <u>7-4-57</u> Death occurred at <u>5:40 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Vernon H. Page M.D.</u> | | | | 22b. ADDRESS <u>601 So. Brentwood</u> | | 22c. DATE SIGNED <u>7-4-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>July 6 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Bellevue Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u> | |
| 24. FUNERAL DIRECTOR <u>DREHMANN - HARPER</u> | | ADDRESS <u>1905 Union</u> | | 25. DATE RECD. BY LOCAL REG. <u>7/5/57</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert B. Dornbeim</u> | |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Warren A. Carro*

Licensed Embalmer No. *35*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.