

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5-945-36900
STATE FILE NUMBER
276 46
Registration District No. Primary Registration District No. Registrar's No.

FILED OCT 30 1957

Health & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James-Dillon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis 205		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windale Ass. Home			Length of stay in 1b 3 Years		d. STREET ADDRESS (If outside, give location) 6017 Suburban		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MELVINA Middle None Last CRAFT				4. DATE OF DEATH Month 10 Day 23 Year 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 20 1917		9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Hopedale Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME August Rahlmann				14. MOTHER'S MAIDEN NAME Margaret King					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address W. T. Rahlman - Cuba 170					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 0		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Hepatitis						3	
		DUE TO (c) Anemia						3	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 3:45 Month, Day, Year a. m. 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 Sept. 9/57 to Oct. 23, 1957 and last saw her alive on Oct. 17, '57 Death occurred at 3:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. V. Hammler, M.D.				22b. ADDRESS St. James, Mo.				22c. DATE SIGNED 10-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		(State)	
Burial	10-23-57	Memorial Park			St. Louis		MO		
24. FUNERAL DIRECTOR Norman C. ...				25. DATE RECD. BY LOCAL REG. Oct 23-1957		26. REGISTRAR'S SIGNATURE Ruth B. Powell			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 863

Date Filed 10/29/57

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 Norman R. Hoene

Licensed Embalmer No. 467

P. O. Address Cuba,

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.