

FILED OCT 16 1957

STANDARD CERTIFICATE OF DEATH

38520

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 543

Registrar's No. 2368

1. PLACE OF DEATH a. COUNTY St. Louis County.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings 4148		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5516 Helen Ave.			Length of stay in 1b 30 YEARS		d. STREET ADDRESS (If outside, give location) 5516 Helen Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CATHERINE Middle SCHLESINGER Last SCHLESINGER				4. DATE OF DEATH Month Sep Day 24 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 Dec. 24, 1892		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Patrick Coughlin				14. MOTHER'S MAIDEN NAME Unknown					
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. none.		17. INFORMANT Address Mrs. Lena Schlesinger, mother-in-law, 5516 Helen Ave.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chron. Myocarditis								INTERVAL BETWEEN ONSET AND DEATH 4 1/4 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension (Cerebral Haemorrhage Rt)				4 1/4 yrs			
		DUE TO (c) Chronic Nephritis				4 1/4 yrs			
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 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 May 1957 to Sep, 1957 and last saw her alive on Sep 22, 57 Death occurred at 11 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Albert Wall, M.D.				22b. ADDRESS 5322 Helen Ave				22c. DATE SIGNED 9/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 25	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County			
24. FUNERAL DIRECTOR Henry Laidner Und Co ADDRESS 2223 St. Louis Ave				25. DATE RECD. BY LOCAL REG. 9-24-57		26. REGISTRAR'S SIGNATURE Herbert P. Donke MD <i>asc</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Securing the medical certificate in the specific manner required by 193.140 MoRS 1949.

S. 300
 v. 1-56

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 M. Mayfield*

Licensed Embalmer No. *307*

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.