

FILED DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 46043

11985

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 yrs. 8 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp. 26 316 3216 January			
3. NAME OF DECEASED (Type or Print) Margaret		4. DATE OF DEATH (Month) (Day) (Year) 12-12-57	
a. (First)		b. (Middle)	
c. (Last) Lawless			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH MAY 6, 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Helfrich		13b. MOTHER'S MAIDEN NAME Philipina ?	
14. NAME OF HUSBAND OR WIFE George Joseph			
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. #	
17. INFORMANT'S SIGNATURE OR NAME MARGARET SAMIETS		ADDRESS 6157 LILLIAN AVE.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> <u>4 1/2 yrs.</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>4 1/2 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>4 1/2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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>3-5-54</u> , 19 <u> </u> , to <u>12-12-57</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-12-57</u> , 19 <u> </u> , and that death occurred at <u>4:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u>		23b. ADDRESS <u>5800 Arsenal St.</u>	
23c. DATE SIGNED <u>12/12/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>12/16/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>DEC 13 57</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carroll Smith, M.D.</u> ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE</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..... *M W Rueter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis Mo*

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.