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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3964

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Penn Nursing Home — Length of stay in 1b 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Pagedale 4180 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 7115 St.Chas.Rk Rd — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Mary Middle: E Last: Boehlow

4. DATE OF DEATH Month Day Year: 1-2-58

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH June 13 1872

9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St.Louis Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George T Simpson

14. MOTHER'S MAIDEN NAME Anna Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ********** None

16. SOCIAL SECURITY NO. None

17. INFORMANT Robt.W.Boehlow Address 7115 St.Chas.Rk.Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200

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 ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-31-57, to 1-2-58 and last saw her alive on 12-31-57
Death occurred at 9:15a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann (Degree or title) MD

22b. ADDRESS 8231 Clayton Rd (17)

22c. DATE SIGNED 1-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1- -58

23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery

23d. LOCATION (City, town, or county) St.Louis Co,Mo. (State)

24. FUNERAL DIRECTOR J.W.Clark F.H. — ADDRESS 1125 Hodiamont Ave

25. DATE RECD. BY LOCAL REG. 1-3-58

26. REGISTRAR'S SIGNATURE Herbert A. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alfred F. Bodeker

Licensed Embalmer No. 2

P. O. Address 1125 Hi

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.