

Health,
Welfare
Public
Service

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40000
STATE FILE NUMBER
Registration District No. 317 Primary Registration District No. 500 Registrar's No. 165

300

-57

1-200

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN Normandy 4180	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3100 Bellerive Dr. 19yrs		d. STREET ADDRESS (If outside, give location) 3100 Bellerive Rd.	

3. NAME OF DECEASED (Type or print) First Emma Middle --- Last Higgenbotham			4. DATE OF DEATH Month 1- Day 17- Year 58		
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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 11-22-1862	9. AGE (In years last birthday) 95	10. UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Foristell, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME George Schatz	13b. MOTHER'S MAIDEN NAME Mary Kiburg	14. NAME OF HUSBAND OR WIFE Henry Higgenbotham
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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 Florence Higgenbotham
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease with Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Arterio Sclerosis Generalized	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200	

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.)
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20c. TIME OF INJURY Hour 2 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Oct 1954 to Jan 1958 and last saw her alive on Jan 15, 1958 Death occurred at 2 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Dress or title) M D Johnson M D	22b. ADDRESS Ferguson Mo	22c. DATE SIGNED 1-17-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-18-58	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City, Mo.
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24. FUNERAL DIRECTOR White Chapel, Ferguson, Mo.	25. DATE RECD. BY LOCAL REG. 1-18 58	26. REGISTRAR'S SIGNATURE Herbert R. Donahoe
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Eleanor Poivine*

Licensed Embalmer No. *3403*

P. O. Address *Springfield*

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.