

4012

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER
600 Registrar's No. 121

Registration District No. 317 Primary Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		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 Riverview		c. CITY OR TOWN Riverview 4010₂	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 125 Habecking		d. STREET ADDRESS (If outside, give location) 125 Habecking	
Length of stay in lb 8 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARIA Middle Last HOLLER			4. DATE OF DEATH Month Jan. Day 12, Year 1958		
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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 Feb. 27, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Month 10 Day 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Bader	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE deceased
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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 Eugene Rutherford	Address 125 Habecking
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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) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2-3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pyelonephritis and Anuria	
	DUE TO (c) 600.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition and Senility.		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.) —
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20c. TIME OF INJURY Hour a.m. p.m. —	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 11-4-53 to 1-12-58 and last saw her alive on 1-8-58 Death occurred at 5:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Norma G. Jones, M.D	(Degree or title)	22b. ADDRESS 8321 N. Broadway (15)	22c. DATE SIGNED 1-13-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan 15 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County.
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24. FUNERAL DIRECTOR Bromschwig and Son	ADDRESS W Florissant 4746	25. DATE RECD. BY LOCAL REG. Jan 14, 1958	26. REGISTRAR'S SIGNATURE Herbert R Donker
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

Health, Welfare, Public Service
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.

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 *Stanley H. Dixon*
Licensed Embalmer No. *H 193*
P. O. Address *H. 2*

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.