

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008253
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 448

| | | | | | | | |
|--|-------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>ST. LOUIS</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Webster Groves</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE <u>Mo</u> | | b. COUNTY <u>Missouri</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>414 Bismarck</u> | | Length of stay in lb <u>1 mo</u> | | STREET ADDRESS (If outside, give location) <u>2109 ADDRESS 29229 Prairie</u> | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH TOBIAS</u> | | | | 4. DATE OF DEATH Month Day Year <u>2-12-58</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-20-1879</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (City and state or country) <u>GERMANY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Fred Poppe</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Not Known</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>H.H. Tobias, 9057 McNulty Dr</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>nephritis</u> DUE TO (c) <u>593X</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>15 yrs.</u> |
| 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"/> <u>2</u> |
| 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. Month, Day, Year | | | | | | | |
| 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 <u>2/11/58</u> , to <u>2-11-58</u> and last saw her alive on <u>2/11/58</u> Death occurred at <u>7:40 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature] M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>337 W. Lockwood Webster Groves, Missouri</u> | | 22c. DATE SIGNED <u>2/13/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-14-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Zion</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co Mo</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>A. Krow 2707 N Grand</u> | | | 25. DATE RECD. BY LOCAL REG. <u>2-13-58</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature] M.D.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in making diagnosis. No symptoms or 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

MEDICAL CERTIFICATION

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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.....
Gustav W. [Signature]

Licensed Embalmer No. 4

P. O. Address *St. Louis*

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.