Health, Welfare Public Service

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FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012059

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2507

1. PLACE OF DEATH a. COUNTY	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 St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 22 St.Anthony's — Length of stay in 1b 2 Weeks	d. STREET ADDRESS (If outside, give location) 12 245 Union — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Anabel	Middle: W	Last: Muckerman
4. DATE OF DEATH	Month: March	Day: 1st.	Year: 1958
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 X DIVORCED ☐	8. DATE OF BIRTH: Dec.3rd.1882
9. AGE (In years last birthday): 75	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): at home	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (City and state or country): St.Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John M. Williams		14. MOTHER'S MAIDEN NAME: U.K. Kennedy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT: Joseph Muckerman — Address: 245 Union	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute coronary thrombosis.	immediate
DUE TO (b)	Arteriosclerosis generalized	years
DUE TO (c)	Fracture neck right femur.	two weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Parkingson syndrome — E903.20

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient fell while walking.

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 2/13/58

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

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12 Home.

20f. CITY, TOWN, OR LOCATION 000 St. Louis — COUNTY — STATE Missouri

21. I attended the deceased from 2/13/58, to 3/1/58 and last saw her/him alive on 2/28/58

Death occurred at 10:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS 16 Hampton Village Plaza St. Louis 9, Missouri

22c. DATE SIGNED 3/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 3-4-1958	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis Missouri
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: MAR 3 '58	26. REGISTRAR'S SIGNATURE: Karl Smith MD MDS

(Licensed Embalmer's Statement on Reverse Side)

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

DK This

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm S Salfen

Licensed Embalmer No 469

P. O. Address 3840 Lin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.