

Health, Welfare, Public Service

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015734

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4577

300
-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1542 Eton Lane</u> | | Length of stay in 1b <u>1 year</u> | d. STREET ADDRESS (If outside, give location) <u>1542 Eton Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Alvina</u> Middle <u>Alvina</u> Last <u>EBRIGHT</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1958</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>Aug. 31, 1865</u> | 9. AGE (In years last birthday) <u>92</u> | 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) <u>Homemaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Frederick Germer</u> | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Kieglend</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Mrs. Frank J. Heitman, 1542 Eton Lane</u> Address |
|---|--|--|

| | | |
|--|--|---|
| 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>Arterio Sclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> |
| DUE TO (b) <u>Arterio Sclerosis</u> | | |
| DUE TO (c) <u>420.0</u> | | <u>10 hrs.</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"/> |

| | |
|---|--|
| 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 Month, Day, Year a.m. p.m. | |

| | | |
|--|--|---|
| 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 Jan. 1950 to April 27 and last saw her alive on April 21, 1958
Death occurred at 1:00 AM on the date stated above; and to the best of my knowledge from the causes stated.

| | | |
|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>H. J. Houch MD</u> | 22b. ADDRESS <u>8902 Riverview Blvd</u> | 22c. DATE SIGNED <u>4-28-58</u> |
|---|--|------------------------------------|

| | | | |
|---|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>April 30 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
|---|-----------------------------------|---|--|

| | | |
|---|---|---|
| 24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc., 2161 E. Fair</u> | 25. DATE RECD. BY LOCAL REG. <u>APR 28 '58</u> | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> |
|---|---|---|

(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.

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 *Walter G. Burnley*

Licensed Embalmer No. *4287*

P. O. Address *Glenn, Mo*

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.