

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019669
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5009

5. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane 0				Length of stay in 1b 3 weeks 203		d. STREET ADDRESS (If outside, give location) 6458 Arsenal				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Winifred NMN Fahndrich						4. DATE OF DEATH Month Day Year 5 10 1958							
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-17-1896		9. AGE (In years last birthday) 61		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank Spaedy				13b. MOTHER'S MAIDEN NAME Hattie Glaser				14. NAME OF HUSBAND OR WIFE George Fahndrich					
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 George Fahndrich 6458 Arsenal, St. Louis, Mo				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) <i>Coronary thrombosis</i> DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c) <i>Arteriosclerosis 260+</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Obesity</i>										INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>Indefinite</i> <i>Indefinite</i>			
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 Death occurred at <i>July 17 4:45 AM</i>						and last saw her alive on <i>May 10 - 1958</i>						him on <i>May 9 - 1958</i>	
22a. SIGNATURE (Degree or title) 0 <i>E.V. Wilcox, M.D.</i>						22b. ADDRESS <i>3175 Swank on Donald</i>				22c. DATE SIGNED <i>5-10-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-13-1958		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) St Louis		(State) Missouri			
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa St. Louis 9, Mo				25. DATE RECD. BY LOCAL REG. MAY 12 '58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Eric C. Branson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis 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.