THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020278
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 31[illegible] Primary Registration District No. 1003 Registrar's No. 5276

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY
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) 15 Lutheran Hosp 0 — Length of stay in 1b 2209	d. STREET ADDRESS (If outside, give location) 2649a Bremen Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Minnie	Middle: Laura	Last: White	4. DATE OF DEATH	Month: May Day: 18 Year: 1958
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2	8. DATE OF BIRTH: August, 4, 1878	9. AGE (In years last birthday): 79	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	11. BIRTHPLACE (City and state or country): Byron Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Jacob Anderson		14. MOTHER'S MAIDEN NAME: Elizabeth Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT Address: Mrs. Orilla Brandon 2649a Bremen Ave			

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart disease & Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Embolism — 7 days

DUE TO (c) Pneumonitis — 7 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 5-11-58, to 5-18-58 and last saw her alive on 5-18-58
Death occurred at 11:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William W Farley Jr 0	22b. ADDRESS: 3108 S. Grand	22c. DATE SIGNED: 5-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 5/21/58	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ FUNERAL HOME 4828 NATURAL BRIDGE.BLVD.*ST.LOUIS,MO.	25. DATE RECD. BY LOCAL REG.: MAY 19 58	26. REGISTRAR'S SIGNATURE: Carl Smith MD MKB.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Linden

Licensed Embalmer No. 42

P. O. Address St. Lou

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.