

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041379  
STATE FILE NUMBER  
10994

REG DEC 5 1958 Registration District No. 318 Primary Registration District No. 1008 Registrar 10994

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Maplewood 4524	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS 7829 Weaver Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last LOUISE H. CAPELLI		4. DATE OF DEATH Month Day Year Nov. 14, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Alsace-Lorraine		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Wieck		14. MOTHER'S MAIDEN NAME Elizabeth Simone	
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 Mary Jane Capelli 7829 Weaver Ave.		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>Generalized convulsions</i> DUE TO (b) <i>primary site in ovaries</i> DUE TO (c) <i>175.0</i>			INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs
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 <i>Nov 14, 1958</i> to <i>Nov 14, 1958</i> and last saw her alive on <i>11/14/58</i> Death occurred at <i>6:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W.C. Mrosky M.D.</i>		22b. ADDRESS <i>634 N. Grand</i>	
22c. DATE SIGNED <i>11/15/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 17, 1958	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR M. J. Croghan ADDRESS 7146 Manchester St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. NOV 15 58	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> (H.T.)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*W. H. ...*  
*533*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Hester J. ...*  
Licensed Embalmer No. *48*  
P. O. Address *Richwood*

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.