Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041770
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10671

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 28 Deaconess Hospital — Length of stay in Ib: 1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Spanish Lake 4010 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 27 11706 Larimore Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: C. Last: KELLERSMAN

4. DATE OF DEATH Month Day Year: November 4, 1958

5. SEX: Female / **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: January 19, 1895 **9. AGE** (In years last birthday): 63 — 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): Home-maker **10b. KIND OF BUSINESS OR INDUSTRY:** At Home **11. BIRTHPLACE** (City and state or country): Waterloo, Illinois / **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Henry V. Schneider **13b. MOTHER'S MAIDEN NAME:** Julia Fahey **14. NAME OF HUSBAND OR WIFE:**

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.** **17. INFORMANT** Address: Mrs. John Moran - 11706 Larimore Road

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
19. WAS AUTOPSY PEREFORMED? 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 Dec. 1953 to Nov. 4, 58 and last saw her alive on Nov. 3, 1958.
Death occurred at 4:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Birkle Eck MD **22b. ADDRESS:** 950 Francis Pl. **22c. DATE SIGNED:** Nov. 6 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** Nov. 7, 1958 **23c. NAME OF CEMETERY OR CREMATORY:** Calvary Cemetery **23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair **25. DATE RECD. BY LOCAL REG.:** NOV 6 '58 **26. REGISTRAR'S SIGNATURE:** J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.