

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042813  
State File No. ....

FILED NOV 20 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 570 Registrar's No. 2734

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Normandy</b> )		c. LENGTH OF STAY (In this place) <b>1 Day</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>43 Normandy Osteopathic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2209 2626a Palm Street, 7,</b>	
3. NAME OF DECEASED (Type or Print) <b>ANTOINETTE</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>DUSTMANN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 22nd, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married 0</b>	8. DATE OF BIRTH <b>Aug. 26th, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Spotter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Commonwealth DUSTRY Cleaners</b>	9. AGE (In years last birthday) <b>77</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Wm. Dustmann</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Snider</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>485-05-4192</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edna Schwehr, 9241 Harnell Drive, 37,</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Lesion</b>  ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral atrophy (apex left, missing site)</b> DUE TO (c) <b>Recurrent Schizophrenia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Serubity</b> <b>1991.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Dec 10</b> , 19 <b>48</b> , to <b>Oct 22</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>Oct 22</b> , 19 <b>58</b> , and that death occurred at <b>- P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edna Schwehr, D.O.</b>		23b. ADDRESS <b>2 8900 Riverwin</b>	
23c. DATE SIGNED <b>10/24/58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/25/58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-24-58</b>		REGISTRAR'S SIGNATURE <b>Herbert C. Bond MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>		ADDRESS <b>4888 Natural Bridge Blvd., St. Louis, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ralph C. Linder*.....

Licensed Embalmer No. .... 4278

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.