Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046812

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 1500 Registrar's No. 3238

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lemay 25 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 204 W. Felton — Length of stay in 1b 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Misouri b. COUNTY St. Louis
c. CITY OR TOWN Lemay 25 4878 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 204 W. Felton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elizabeth Middle J. Last MULLERSMAN

4. DATE OF DEATH Month Day Year Dec. 11, 1958

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH June 6, 1958

9. AGE (In years last birthday) 77 — 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) house wrok

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Scotland 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. McGeorge

13b. MOTHER'S MAIDEN NAME Mary McGeorge

14. NAME OF HUSBAND OR WIFE Frank A. (deceased)

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 Chas. Mullersman, Address 204 W. Felton

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) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 443X
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 ☐ NO ☒ 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 March 58 to 12/6/58 and last saw her/him alive on 12/6/58
Death occurred at 5:30A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo Arnesko MD

22b. ADDRESS 1400 Telegraph (25)

22c. DATE SIGNED 12-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 12/12/58

23c. NAME OF CEMETERY OR CREMATORY St. Joseph (Old)

23d. LOCATION (City, town, or county) (State) Farmington, Mo.

24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co., 7420 Michigan

25. DATE RECD. BY LOCAL REG. 12-12-58

26. REGISTRAR'S SIGNATURE Herbert R. Hamke, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.