

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002862

STATE FILE NUMBER

2 763

Registration District No. _____ Primary Registration District No. _____ Registration No. _____

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 No

c. CITY OR TOWN ST. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2627 McNair Ave Length of stay in lb _____

d. STREET ADDRESS 223 2627 McNair Ave. (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Willie Mae Demmer - (Ward)

4. DATE OF DEATH Month Day Year
Jan. 23, 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH March 28, 1892 9. AGE (In years last birthday) 66 10. UNDER 1 YEAR Months Days 11. 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 None 11. BIRTHPLACE (City, and state or country) Kentucky 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George W. Young 13b. MOTHER'S MAIDEN NAME Nancy Hurt 14. NAME OF HUSBAND OR WIFE Isidor Demmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT William C. Ward Address 2127 1/2 Lynch ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetes Mellitus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis
DUE TO (c) 260X
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 Month, Day, Year a.m. p.m. _____

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 _____ and last saw her/him alive on _____
Death occurred at 645A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 1. 23. 59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 26, 1959 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 23d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.

24. FUNERAL DIRECTOR Willam L. & H. Co. ADDRESS 2929 S. Jefferson 25. DATE RECD. BY LOCAL REG. JAN 23 '59 26. REGISTRAR'S SIGNATURE Earl Smith MD
msb

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harold C. With*

Licensed Embalmer No. *4353*

P. O. Address *2929 S Jefferson*

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.