THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003200
STATE FILE NUMBER

FEB 11 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 24

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital — Length of stay in Ib: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Webster Groves — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1526 Pine tree Lane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sophia — Middle: W. — Last: Lay

4. DATE OF DEATH: Month, Day, Year: January 1, 1959

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: January 12, 1876

9. AGE (In years last birthday): 82 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Mehlville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Westhouse

13b. MOTHER'S MAIDEN NAME: Augusta Weinrich

14. NAME OF HUSBAND OR WIFE: George Lay (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George W. Lay — Address: 1526 Pinetree Lane, Webster Groves.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Intestinal obstruction	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Internal hernia, (mesenteric defect)	30 years
DUE TO (c)	561.4	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mild heart failure, with mild mitral and aortic stenosis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 December 29, 1958 to January 1, 1959 and last saw her alive on 12-31-58. Death occurred at 6:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas. S. Sherwin M.D.

22b. ADDRESS: 3720 Washington Ave.

22c. DATE SIGNED: Jan. 2, 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-3-1959

23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: HUTTEISTER COLONIAL MORTUARY, 6464 Chippewa Street, St. Louis (9) Mo.

25. DATE REC'D. BY LOCAL REG.: JAN 2 '59

26. REGISTRAR'S SIGNATURE: J Earl Smith MD (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.