

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003950  
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 111

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>St. Louis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spanish Lake</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Spanish Lake 4250</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1546 Doris Drive</b>			Length of stay in 1b <b>1 year</b>		d. STREET ADDRESS (If outside, give location) <b>1546 Doris Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Louise</b> Middle <b>J</b> Last <b>Chenoweth</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>10</b> Year <b>1959</b>					
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>March 12, 1886</b>		9. AGE (In years at birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printing Press Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Universal Match Co</b>		11. BIRTHPLACE (City and state or county) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Peter Jenneman</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Rosemeyer</b>			14. NAME OF HUSBAND OR WIFE <b>not stated</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>NO</b> unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>498-26-9212</b>		17. INFORMANT Address <b>Mr. Norman Chenoweth, 1546 Doris Drive</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Rheumatic Heart Disease</b>				DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>416X</b>						
20c. TIME OF INJURY Hour <b>10:00</b> Month <b>Jan</b> Day <b>10</b> Year <b>1959</b> a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>July 1954</b> to <b>Jan 1959</b> and last saw her alive on <b>Dec. 6, 1958</b> Death occurred at <b>Jan 10, 1959 8A</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <b>Charles W. D. O.</b>				22b. ADDRESS <b>111 Church St. Ferguson</b>				22c. DATE SIGNED <b>1/10/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan 13 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		23d. LOCATION (City, town, county) (State) <b>St. Louis County, Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>				25. DATE RECD. BY LOCAL REG. <b>1-12-59</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Allen W. Nitz* .....

Licensed Embalmer No. *3737* .....  
P. O. Address *St. Louis Mo* .....

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.