

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015694

STATE FILE NUMBER

2 3434

FILED APR 24 1959

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

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1-57

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|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u> | | Length of stay in 1b <u>2 days</u> | d. STREET ADDRESS (If outside, give location) <u>4222 Holly Avenue</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>M</u> Last <u>Schrieber</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1959</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 15, 1873</u> | | 9. AGE (In years last birthday) <u>85</u> 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) <u>Homemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Lambert Walther</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia Gundlach</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>deceased</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Hugo Walther, 506 Olive Street, St. Louis</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction, anterior</u> DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>H2O.D</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia left 3 days.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 years +</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 <u>St. Louis</u> | | 20g. COUNTY <u>Missouri</u> | | 20h. STATE <u>Missouri</u> | |
| 21. I attended the deceased from Death occurred at <u>Jan 21, 1959</u> to <u>April 6, 1959</u> and last saw her alive on <u>April 5, 1959</u> at <u>12:15 AM</u> on the date stated above; and to the best of my knowledge from the causes stated. | | 22a. SIGNATURE <u>O E Trophel MD.</u> (Degree or title) | | 22b. ADDRESS <u>4222 N. Grand</u> | |
| 22c. DATE SIGNED <u>4-6-59</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>April 8, 1959</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>St. Louis</u> | | (State) <u>Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Math Hermann & son, Inc., 2161 E. Fair</u> | | 25. DATE RECD. BY LOCAL REG. <u>APR 8 '59</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. 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 *Harold A. Burnley*

Licensed Embalmer No. *4203*
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.