

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019569
STATE FILE NUMBER
2 4966
Registration No.

FILED JUN 4 1959 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		c. CITY OR TOWN St Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp		d. STREET ADDRESS (If outside, give location) 1600 S 14th St	
Length of stay in 1b Mnths		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Anna R Roesch			4. DATE OF DEATH Month Day Year May 21 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 18 1883
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	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	11. BIRTHPLACE (City and state or country) Carlyle Illinois
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME George Billharby	
13b. MOTHER'S MAIDEN NAME Josephine Wexle		14. NAME OF HUSBAND OR WIFE Lucas (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Olive Bush 1904 A s 12th Street		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of right hip DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Suffered in fall to floor at 904.021	
20c. TIME OF INJURY Hour Month, Day, Year 9 209 AM Mar. 20 1959		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.) 322 Home		20f. CITY, TOWN, OR LOCATION St Louis Mo	
21. I attended the deceased from Death occurred at 655 A		and last saw her alive on 655 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Patrick Taylor Corneer (Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5-22-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/25/59		23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul	
23d. LOCATION (City, town, or county) St Louis Missouri		(State)	
24. FUNERAL DIRECTOR. Moydell Funeral Home 1926 Allen		25. DATE RECD. BY LOCAL REG. MAY 22 '59	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		7m 8B	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Shelley F. Jella Jr*

Licensed Embalmer No. *9950*

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.