URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034096
STATE FILE NUMBER

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8075

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 weeks

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Christian Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4530 Alice Avenue
Inside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: Last: Miessner

4. DATE OF DEATH: Month: August Day: 30 Year: 1959

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-20-1870

9. AGE (last birthday): 88

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

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

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew Franklin

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: deceased

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Address: Miss Vera Miessner, 4530 Alice Avenue

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)	ACUTE PNEUMONITIS, LEFT	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ACUTE CORONARY THROMBOSIS	4 weeks
DUE TO (c)	PARTIAL BOWEL OBSTRUCTION 420.1	1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 6-23-59 to 8-30-59 and last saw her/him alive on 8-30-59

Death occurred at 9:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert C. McEvan (Degree or title) M.D.

22b. ADDRESS: 4356 Warne Avenue (7)

22c. DATE SIGNED: 8-31-59

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

23b. DATE: Sept 2 1959

23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: AUG 31 1959

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.