URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042107

FILED VS NOV 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210193 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul 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): 956 Hamilton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lydia — Middle: M. — Last: Konzelman
4. DATE OF DEATH: Month: Nov. — Day: 4 — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/5/72
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months 2 Days 29 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Board of Education
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Andrew Konzelman
13b. MOTHER'S MAIDEN NAME: Elizabeth Hendricker
14. NAME OF HUSBAND OR WIFE:
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.: None
17. INFORMANT: Dr. John A. Konzelman — Address: 7401 Teasdale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: many yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Generalized arteriosclerosis — many yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric fracture rt hip.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

O.K. Joseph M. Quinn 11/9/59

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.): Fell in Hamilton nursing home.
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 10 10 59
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.): Hamilton Nursing Home.
20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY — STATE: Mo.

21. I attended the deceased from Jan 1957 to Nov 4, 1959 and last saw her/him alive on 11/3/59.
Death occurred at 4:13 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. L. Freeman (Degree or title): M.D.
22b. ADDRESS: 7205 W. Florissant
22c. DATE SIGNED: 11/5/59.

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/6/59
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Chas. F. Stuart — ADDRESS: 1225 Union
25. DATE RECD. BY LOCAL REG.: NOV 6 1959
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 4108

P. O. Address_____

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