

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

660-013212

FILED VS MAR 24 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2881** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2261a Missouri Ave.		d. STREET ADDRESS (If outside, give location) 2261a Missouri Ave.	

3. NAME OF DECEASED (Type or print) Anna E. Shontz	4. DATE OF DEATH March 10th, 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/6/79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Agust C. Gatzke	13b. MOTHER'S MAIDEN NAME Caroline Pommering	14. NAME OF HUSBAND OR WIFE Frank R. Shontz
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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. 499-26-8944	17. INFORMANT Frank R. Shontz	Address 2261a Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor. arterioscl. Heart Dis		INTERVAL BETWEEN ONSET AND DEATH 9 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) →	
	DUE TO (c) 4200 →	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) apoplexy 24 June 58	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) —
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20c. TIME OF INJURY Hour a.m. p.m. —	Month, Day, Year —
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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 —
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21. I attended the deceased from 19 Feb 1951 to 23 Feb 1960 and last saw her live on 23 Feb 60 Death occurred at 1045 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Frank Conway M.D.	(Deceased's title)	22b. ADDRESS 1935 Park	22c. DATE SIGNED 11 March 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 12th-60	23c. NAME OF CEMETERY OR CREMATORY Zions CEMETERY	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Harry A. Kraeger	ADDRESS 24 Chapel Hill St. Louis 31, Mo.	25. DATE RECD. BY LOCAL REG. MAR 11 1960	26. REGISTRAR'S SIGNATURE Loan Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey J. [Signature]

Licensed Embalmer No. 4500

P. O. Address 174 1/2 [Signature]

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.