

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017824

FILED VS APR 22 1960

317

Primary Registration District No. **500**

Registrar's No. **1143**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		Length of stay in 1b 15 Months		c. CITY OR TOWN Spanish Lake		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop House Conv. Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #15 Prigge Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LOUISE Middle J. Last WATERS				4. DATE OF DEATH Month April Day 6, Year 1960									
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 10-22-1883		9. AGE (last birthday) 76		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) Home-maker			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 Frederick C. Esselborn				13b. MOTHER'S MAIDEN NAME Louise M. Gasser				14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Fred Esselborn - #15 Prigge Road							
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 Vascular accident										INTERVAL BETWEEN ONSET AND DEATH 4 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ e.m. _____ p.m.		Month, Day, Year											
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			
21. I attended the deceased from Mar 1 - 1959 to Apr 6 - 1960 and last saw her live on Apr 5 - 1960 Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>John G. M. Jurney MD</i> (Date of title)						22b. ADDRESS 5014 Thekla Av				22c. DATE SIGNED 4/6/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE April 8, 1960		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri 1					
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av.					ADDRESS			25. DATE RECD. BY LOCAL REG. 4-6-60		26. REGISTRAR'S SIGNATURE <i>John G. M. Jurney MD</i>			

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 Glen W. Hay

Licensed Embalmer No. 0372

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.