

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033402

FILED VS SEP 7 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2324 STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester</u>		Length of stay in lb <u>4 years</u>	c. CITY OR TOWN <u>Crestwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1245 Capri Drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH MENDEL</u>			4. DATE OF DEATH Month Day Year <u>August 3, 1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/28/1880</u>	9. AGE (last birthday) <u>80 yrs.</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u> Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Waterloo, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>? Miller</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Mendel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-24-1052 A</u>	17. INFORMANT Address <u>Mrs. Alice Nichols - 1245 Capri, Crestwood</u>			
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 <u>?</u>	
IMMEDIATE CAUSE (a) <u>CARDIO-VASCULAR DISEASE</u>						
DUE TO (b) <u>SENILITY</u>						
DUE TO (c) <u>    </u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA of RIGHT BREAST</u>					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 <u>    </u> Month, Day, Year, <u>    </u> a.m. <u>    </u> p.m. <u>    </u>						
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 <u>APRIL 15, 1960</u> to <u>8/3/1960</u> and last saw her/him alive on <u>AUGUST 3, 1960</u> Death occurred at <u>11:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>B.R. Loving, M.D.</u> (Degree or title)			22b. ADDRESS <u>BALLWIN, Mo.</u>		22c. DATE SIGNED <u>8-4-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/5/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Waterloo, Illinois</u>			
24. FUNERAL DIRECTOR <u>Gebken Sons</u> ADDRESS <u>- 2630 Gravois Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>8-4-60</u>	26. REGISTRAR'S SIGNATURE <u>Jahn P. Murphy M.D.</u>			

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address St. Louis 18, Mo

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.