RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1960

-60-044671

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3265

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 25 Days	c. CITY OR TOWN: ~~St. Louis~~ — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Osteopathic — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location): 1656 Talisman — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: Anna	Middle: W.	Last: Tigges	4. DATE OF DEATH	Month: November Day: 10 Year: 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1-17-1886	9. AGE (last birthday): ~~74~~ 75	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): Postal Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Main Post Office	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: Augusta Tigges	13b. MOTHER'S MAIDEN NAME: Henrietta Nolte	14. NAME OF HUSBAND OR WIFE:			
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: Harold Perrin	Address: 68 Henquin Dr. St. Louis, Mo. (35)		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): myocardial failure

DUE TO (c):

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

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 May 1958, to 11-10-60 and last saw her/him alive on 11/9/60

Death occurred at 12:30A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arsalet DD.	22b. ADDRESS: 10011 Bellefontaine Rd 1371	22c. DATE SIGNED: 11-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Nov.12,1960	23c. NAME OF CEMETERY OR CREMATORY: St.Johns Cemetery
23d. LOCATION (City, town, or county): St. Louis County,	(State): Missouri	
24. FUNERAL DIRECTOR: BUCHHOLZ MORT.	ADDRESS: - 5967 W.Florissant Ave.	25. DATE RECD. BY LOCAL REG.: 11-10-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Wilfred J Bush

Signature of Student Embalmer

Licensed Embalmer No. 4551

P. O. Address St Louis

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