

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001958

STATE FILE NUMBER

FILED VS JAN 24 1961 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 3

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON			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 ROCK TOWNSHIP		Length of stay in 1b 6 MONTHS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 OAKS REST HOME			d. STREET ADDRESS (If outside, give location) 4910 THEODORE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ANNA Middle M. SCHLEICH Last			4. DATE OF DEATH Month JAN Day 4 Year 1961				
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 SEPT 17 1888	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME HENRY GERKEN		13b. MOTHER'S MAIDEN NAME KATHERINE HEIN		14. NAME OF HUSBAND OR WIFE HENRY H. (DEC)			
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. NONE	17. INFORMANT Address ST. LOUIS MO ROSE SCHLEICH 4910 THEODORE AVE				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> DUE TO (b) <i>Arterio sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH		
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 type="checkbox"/> N <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 Month, Day, Year a.m. p.m.	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.) <i>Sumnerwood Jefferson Mo</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Sumnerwood Jefferson Mo</i>		
21. I attended the deceased from <i>8 A M</i> to <i>1/4/61</i> and last saw her alive on <i>1/3/61</i> Death occurred at <i>8 A M</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Reich M.D.</i>			22b. ADDRESS <i>Superior Mo</i>		22c. DATE SIGNED <i>1/4/61</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 6, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY				
24. FUNERAL DIRECTOR DREHMANN HARRAL 1905 UNION		25. DATE RECD. BY LOCAL REG. 1-5-61	26. REGISTRAR'S SIGNATURE <i>Robert E Bauer</i>				

1961 JAN 24 SA

MAR 2 1961

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 Albert R. Thompson

Licensed Embalmer No. 4237

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.