

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023424

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1666 STATE FILE NUMBER

FILED JUN 21 1961

1. 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 Creve Coeur Length of stay in 1b 40 yrs. c. CITY OR TOWN Creve Coeur Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 Graeser Rd. Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 509 Graeser Rd., Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Elizabeth Conrath June 13 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-20-1875 9. AGE (last birthday) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None-Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Goebel 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Peter Conrath (dcd)

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 Margaret Neier-509 Graeser Rd. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease over 3 yrs.

DUE TO (c) Arteriosclerosis Sclerolyzed over 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchial Asthma

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 2/15/58 to 6/13/61 and last saw her alive on 6/12/61
 Death occurred at 9:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert S. J. Angly, M.D. 22b. ADDRESS 11600 Olive St Rd 22c. DATE SIGNED 6/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-16-1961 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 23d. LOCATION (City, town, or county) (State) Wellston, Missouri

24. BAUMANN BROS. INC. FUNERAL HOME 25. DATE RECD. BY LOCAL REG. 6-15-61 26. REGISTRAR'S SIGNATURE [Signature]

2504 WOODSON ROAD OVERLAND 14, MISSOURI (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oberlin

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.