

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038770

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10052

STATE FILE NUMBER

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>Affton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9021 Kathleen</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ADELE</u> Middle <u>C</u> Last <u>JEHLING</u>			4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1961</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/26/1903</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Edward Ruebsam</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Jacobson</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert A.</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.		17. INFORMANT Address <u>Herbert A Jehling 9021 Kathleen</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Subarachnoid hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
DUE TO (b) <u>Ruptured aneurysm, Circle of Willis</u>	<u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (c) <u>Hypertensive vascular disease</u> <u>330x</u>	<u>?</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 1. Pancreatitis, acute.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

2. Cholelithiasis.

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>5</u> a.m. p.m.	Month, Day, Year <u>10/24/61</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 <u>St. Louis</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>10/24/61</u> to <u>10/29/61</u> and last saw her/him alive on <u>10/29/61</u> Death occurred at <u>5 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						

22. SIGNATURE (Degree or title) <u>Thomas V. Hunscher M.D.</u>			22b. ADDRESS <u>4401 Hampton Avenue, St. Louis</u>		22c. DATE SIGNED <u>10/30/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11/1/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

24. FUNERAL DIRECTOR <u>John L Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 30 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loel Smith M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. 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, _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald B. [Signature]

Licensed Embalmer No. 4763

P. O. Address St Louis 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.