

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039576
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3034

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sr Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Length of stay in lb 17 yrs	c. CITY OR TOWN Lemay Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 E. Ripa ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 200 E. Ripa ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle --- Last Lanwertj	4. DATE OF DEATH Month October Day 26 Year 1961
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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 4-10-1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 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
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frank
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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 Mrs. Marguerette Podmaka	Address 9331 Niles ave.
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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 Hemorrhagic		INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	
	DUE TO (c) Ebolic Myocarditis	

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"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year

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
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21. I attended the deceased from **March 8 1955**, to **Oct. 26 61** and last saw her/him alive on **Oct 17, 1961**
Death occurred at **Oct. 26 61 7 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>John B. Crawford</i>	(Degree or title)	22b. ADDRESS 2112 S. Brentwood	22c. DATE SIGNED 10-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-30-1961	23c. NAME OF CEMETERY OR CREMATORY Bellefontains Cemetery	23d. LOCATION (City, town, or county) 4947 W. Florissant ave.
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24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries	ADDRESS 7814 S. Broadway	25. DATE RECD. BY LOCAL REG. 10-29-61	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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DATE AMENDED

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THEM NO. SHOULD READ

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 *Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.