

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021540

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1454 STATE FILE NUMBER

FILED MAY 27 1962

VS 300 Rev. 4/59

140-00
24000

3: 00
4: 10
5: 10
6:
7: 1
8: 2
9: 416X

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lemayville** Length of stay in 1b **WKS-**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Mt. St. Rose Sanitorium** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Velda Village** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **6707 Myron Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Annabelle Tobler **5 11 62**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **12/29/04** 9. AGE (last birthday) **57** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Assembler** 10b. KIND OF BUSINESS OR INDUSTRY **Mfg. Company** 11. BIRTHPLACE (City and state or country) **Owensboro, Kentucky** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John h. Bowers** 13b. MOTHER'S MARDEN NAME **Louis Norton** 14. NAME OF HUSBAND OR WIFE **Robert Tobler**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None** 16. SOCIAL SECURITY NO. [] 17. INFORMANT Address **Mr. Robert Tobler 6707 Myron Ave. 20**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **RHEUMATIC HEART DISEASE WITH CONGESTIVE FAILURE** INTERVAL BETWEEN ONSET AND DEATH **10+ YRS**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **LEFT HEMIPLEGIA DUE TO CEREBRAL EMBOLUS** 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 **FEB 20, 1962** to **MAY 11, 1962** and last saw her/him alive on **MAY 11, 1962**
Death occurred at **1:10 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **R. William Burmeister M.D.** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **5/17/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5/14/62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Calvin F. Feutz 4828 Natural Bridge Blvd.** ADDRESS **5-13-62** 25. DATE RECD. BY LOCAL REG. **5-13-62** 26. REGISTRAR'S SIGNATURE **John E. [Signature]**

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. R. Burmeister
Mo. Theatre Bldg. 01 2-7360
634 N. Grand Blvd.
Hours Sat. ~~12-NOON-4-11~~
1 TO 3 ONLY

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 Robert E. Nuhleman

Licensed Embalmer No. 4916

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.