

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3320**
00077

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give town) University City		c. LENGTH OF STAY (In this place) 4335		c. CITY (If outside corporate limits, write RURAL and give township) University City				
d. FULL NAME OF HOSPITAL OR INSTITUTION 6600 Washington				d. STREET ADDRESS (If rural, give location) 6600 Washington				
3. NAME OF DECEASED (Type or Print)		a. (First) Margaret		b. (Middle) E.		c. (Last) StGemme		
4. DATE OF DEATH		(Month) Jan.		(Day) 7,		(Year) 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Jan. 30, 1864		
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Mine LaMotte, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Jeremiah Dalton		13b. MOTHER'S MAIDEN NAME Nancy Unknown		14. NAME OF HUSBAND OR WIFE Robert F. StGemme	
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'S SIGNATURE OR NAME ADDRESS Mrs. Knierim, 4269 Washington				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Arteriosclerosis DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 m ? year 4342		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 434.2				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 3, 1950 , to Jan 7, 1950 , that I last saw the deceased alive on Jan 3, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE J. Myers M.D. (Degree or title)				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 1-9-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-9-50		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.		
DATE REC'D BY LOCAL REG. 1-9-50		REGISTRAR'S SIGNATURE Herbert A. Dombey, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

J. A. M. Buntley

Licensed Embalmer No. 7653

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 this body is not embalmed, fact should be so stated above.