URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-037960

STATE FILE NUMBER

FILED VS OCT 23 1959

ENDED

Registration District No. ______ Primary Registration District No. ______ Registrar's No. 2 9479

| Field | Entry |
|---|---|
| 1. PLACE OF DEATH a. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | St.Louis |
| Length of stay in 1b | 5 days |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | Deaconess Hospital |
| Inside Limits | Yes [X] No [ ] |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | Missouri |
| b. COUNTY | |
| c. CITY OR TOWN | St.Louis |
| Inside Limits | Yes [X] No [ ] |
| d. STREET ADDRESS (If outside, give location) | 3510 Kingsland Ct. |
| Reside on Farm | Yes [ ] No [X] |
| 3. NAME OF DECEASED (Type or print) First / Middle / Last | Flora / Schreiter / Popovich |
| 4. DATE OF DEATH Month / Day / Year | October 14, 1959 |
| 5. SEX | Female |
| 6. COLOR OR RACE | White |
| 7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ] | Widowed |
| 8. DATE OF BIRTH | 2/27/1894 |
| 9. AGE (last birthday) | 65 |
| IF UNDER 1 YEAR Months / Days | |
| IF UNDER 24 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 | At Home |
| 11. BIRTHPLACE (City and state or country) | Mt.Olive, Ill. |
| 12. CITIZEN OF WHAT COUNTRY | U.S. |
| 13a. FATHER'S NAME | Louis Schreiter |
| 13b. MOTHER'S MAIDEN NAME | Anna Schmidt |
| 14. NAME OF HUSBAND OR WIFE | Blazo Popovich |
| 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 / Address | Anna Popovich, 3510 Kingsland Ct. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis of liver (Laennec)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 581.1

INTERVAL BETWEEN ONSET AND DEATH

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

Chronic Empyema Right Lung. Diverticulitis

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 2/8/56, to 10/14/59 and last saw her alive on 10/13/59.

Death occurred at 5:35 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugo F. Bergman M.D.

22b. ADDRESS 3220 Washington

22c. DATE SIGNED 10/15/59

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 10-16-59 | Mt.Olive Cemetery | Mt.Olive, Ill. |

| 24. FUNERAL DIRECTOR / ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Albert H.Hoppe, Inc., 4700 Washington Blvd. | OCT 15 59 | Carl Smith. M.D. |

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [illegible]

~~or by~~ ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________ Signed *[illegible]*

Signature of Student Embalmer

Licensed Embalmer No. *428[illegible]*

P. O. Address *St. Lo[illegible]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com[illegible] 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.