

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18040

BIRTH NO. _____		REG. DIST. NO. <u>377</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>961</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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, write RURAL and give township) OR TOWN <u>St. Louis West</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis West</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6305 Hobart St.</u>				d. STREET ADDRESS (If rural, give location) <u>6305 Hobart St.</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>			a. (First)			b. (Middle)		
			c. (Last) <u>AZENHOFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1, 1892</u>		
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY?		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver St. Louis Public Service Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Mo.</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Sara E. Azenhofer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sara E. Azenhofer</u>				
				ADDRESS <u>6305 Hobart St.</u>				
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) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis, bends</u>						
		DUE TO (c) <u>4201</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>948</u>						
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) (Min.)		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 <u>June 18, 1944</u> , to <u>April 18, 1949</u> , that I last saw the deceased alive on <u>April 17, 1949</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Luid Kramer M.D.</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>4-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-20-49</u>		REGISTRAR'S SIGNATURE <u>Thurid L. L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>				

(Licensed Embalmer's Certificate on Reverse Side)

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

No. 300
10.4896
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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.

Signed Richard W. Stovesand

Signed
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.