

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22114

State File No. ....

BIRTH NO. 24833-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1461

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Anns Village</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Anns Village</u>	
c. LENGTH OF STAY (In this place) <u>9 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>3558 San Jose</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3531 San Jose</u>			

3. NAME OF DECEASED a. (First) <u>Marilyn</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hossfeld</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>19</u> (Year) <u>1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 16, 1949</u>	9. AGE (In years last birthday) <u>2</u> MONTHS <u>3</u> DAYS <u>0</u> HOURS <u>0</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Harold Hossfeld</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Carlson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Hossfeld</u> ADDRESS <u>3558 San Jose</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis (109)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492X</u> <u>109b</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donkette M.D. Comm. of Health</u> (Degree or title)	23b. ADDRESS <u>St. Louis County Health Dept.</u>	23c. DATE SIGNED <u>6/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clay Center Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-23-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donkette</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Collier Funeral Home</u> ADDRESS <u>10123 St. Charles Rd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0  
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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.

Student .....

Student Embalmer

Signed..... *Sheldon Collier* .....

Licensed Embalmer No. *9382* .....

P. O. Address *10123 St. Charles* .....

**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.