

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6270

State File No. 1508

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If rural, give location) 4569 Mary Ave | |

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|------------------------------------------------------------------|-------------|-----------------------|------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Dora | b. (Middle) | c. (Last) Hade | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1950 |
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|-------------------------|----------------------------------|--------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 28, 1891 | 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min. |
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|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| 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) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|

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| 13a. FATHER'S NAME John Volz | 13b. MOTHER'S MAIDEN NAME Bertha Mueller | 14. NAME OF HUSBAND OR WIFE John Hade |
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| 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 Mr. John Hade | ADDRESS 4569 Mary Ave |
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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, asthma; etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure - uremia | | 3 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of liver - cardiac DUE TO (c) Rheumatic heart disease | | 3 years ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4110 X |
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| 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 6-9-47, 1947, to 2-13, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

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|------------------------------------------|----------------------------------|---------------------------------------------------|------------------------------------|
| 23a. SIGNATURE M. Herman Orzel | (Degree or title) M.D. | 23b. ADDRESS 508 North Grand, St. Louis | 23c. DATE SIGNED 2-14-50 |
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|------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-16-50 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. FEB 15 1950 | REGISTRAR'S SIGNATURE J. B. Lassiter | 25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. | ADDRESS 2161 E. Fair Ave |
|------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|

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 Horner W. Dritz

Licensed Embalmer No. 3882

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.