S. No. 300
v. 10.48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10027

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2911

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carrie Elliigson Geitner Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2159
d. STREET ADDRESS (If rural, give location) 5000 S. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) F.
c. (Last) D'Oench

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single ( )
8. DATE OF BIRTH May 26, 1872
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Fremont School
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Guido D'Oench
13b. MOTHER'S MAIDEN NAME Pauline Limberger
14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME LydiaTurley 5000 S. Broadway St. Louis, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 25 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Arterial hypertension — ?
DUE TO (c) Chronic Cholecystitis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5848

22. *I hereby certify that I attended the deceased from* Jany 20, 1941, *to* March 26, 1951, *that I last saw the deceased alive on* Mar-25, 1951, *and that death occurred at* 8:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE L. G. Herchmueller (Degree or title) N.D.
23b. ADDRESS 5000 S. Broadway
23c. DATE SIGNED 3/28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Mar. 31, 1951
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24d. LOCATION (City, town, or county) (State) 3211 Sublette

DATE REC'D BY LOCAL REG. MAR 28 1951
REGISTRAR'S SIGNATURE J. B. Lawater
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1955

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Linus C. Hoffmeister

Signed _____
Student Embalmer.

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.