

## STANDARD CERTIFICATE OF DEATH

State File No. 44205  
10793FILED FEB 8 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 4870	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) R.R. #9 Box 42	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina b. (Middle) Katherine c. (Last) Neubauer			4. DATE OF DEATH (Month) (Day) (Year) December 4, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 18, 1879
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Month Day 10 16	IF UNDER 24 HRS. 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 -----	11. BIRTHPLACE (State or foreign country) Collinsville, Ill
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Gottlieb Hoffmann		13b. MOTHER'S MAIDEN NAME Catherine Zoellner	14. NAME OF HUSBAND OR WIFE Frank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Housewife		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Frank Neubauer Rt. 9 Box 42 Lemay, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Hypertensive Cardiac Disease</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic acidosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? HFB X
22. I hereby certify that I attended the deceased from <u>12-3, 1951</u> , to <u>12-4, 1951</u> , that I last saw the deceased alive on <u>12-4, 1951</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Earl R. Rice M.D.</u>		23b. ADDRESS <u>6-11 O. line Street</u>	23c. DATE SIGNED <u>12-5-51</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Dec. 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Rd. Lemay, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. &amp; L. Co. 7815 S. Broadway</u>	
DATE REC'D BY LOCAL REG. <u>DEC 5 1951</u>		REGISTRAR'S SIGNATURE <u>Earl R. Rice M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Leslie C. Hoffmann*

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.