

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20964

State File No. _____

FILED JUN 27 1952

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5592		Registrar's No. 39				
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centur <i>Teachim Rural</i>			c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			4840		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Home				d. STREET ADDRESS 4965 Schulz				/		
3. NAME OF DECEASED (Type or Print) Lena		a. (First)		b. (Middle) Schulz		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH. SEPT. 30, 1875		9. AGE (In years last birthday) 76		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis Mo.			12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Daniel Hoffman			13b. MOTHER'S MAIDEN NAME Ernestine Heffner			14. NAME OF HUSBAND OR WIFE _____				
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 Daniel Hoffman					ADDRESS 317 Russell
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) <i>chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterial sclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years		
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) _____ m.		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 <i>6/10</i> ¹⁹⁵² to <i>6/9</i> ¹⁹⁵² , that I last saw the deceased alive on <i>May 31</i> , 1952, and that death occurred at <i>9:15 A.M.</i> , from the causes and on the date stated above.										
23a. SIGNATURE <i>W. A. Amke M.D.</i>				(Degree or title)		23b. ADDRESS <i>7452 Gravois</i>		23c. DATE SIGNED <i>6/11/52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/12/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Affton Mo</i>				
DATE REC'D BY LOCAL REG. <i>6-17-52</i>		REGISTRAR'S SIGNATURE <i>Geutney R. Palitto</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L Ziegenhein & Sons</i>		ADDRESS <i>7027 Gravois</i>				

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

Aug 23 1957

JEFFERSON COUNTY HEALTH DEPT
HILLSBORO, MISSOURI
DATE RECEIVED JUN 21 1958

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.