No. 300
10.48

FILED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44150

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3352

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 8 Ringer Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
d. STREET ADDRESS (If rural, give location): Rt. 8 Ringer Road

4850

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): Katherine
c. (Last): Lefarth

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 11, 1862
9. AGE (In years last birthday): 90 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Carl Lenhardt
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Lefarth

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Joe Lefarth
ADDRESS: Rt/8 Lemay 23, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — Interval between onset and death: 2 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease — 1½ yrs
DUE TO (c) Gen. Arteriosclerosis — 1½ yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* No

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No
4700
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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.: No
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* 12-29, 1952, *that I last saw the deceased alive on* 12-29, 1952, *and that death occurred at* 3 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Norman MD
23b. ADDRESS: 9101 Gravois
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: January 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery
24d. LOCATION (City, town, or county) (State): 7030 Gravois ave.

DATE REC'D BY LOCAL REG.: 12-30-52
REGISTRAR'S SIGNATURE: Herbert R. Dunks M.D. P.T.
25. FUNERAL DIRECTOR'S SIGNATURE: C. Hoffmeister U.&L.Co.
ADDRESS: 7814 S. Broadway

(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 Louis C. Hoffman D.C.

Licensed Embalmer No. 3871

P. O. Address 7814 8 Broad

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.