

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11424

State File No. ....

No. 300  
10.48

FILED MAR 18 1953

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Registrar's No. .... 2104

BIRTH NO. _____			REG. DIST. NO. _____			PRIMARY REG. DIST. NO. _____			Registrar's No. .... 2104								
1. PLACE OF DEATH a. COUNTY _____						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2249</u>											
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis City hospital #1</u>						d. STREET ADDRESS (If rural, give location) <u>24 3435 California Ave.</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LOUISE</u>			b. (Middle) _____			c. (Last) <u>CUSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 24, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>3-27-1870</u>			9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 100 Hrs. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>Heinrich Hoffmann</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN Pilger</u>				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) <u>No</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Benjamin Thurston</u>				ADDRESS <u>3435 California</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS</u>						INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u>											
						DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC BRONCHITIS</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) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>4200</u>									
22. I hereby certify that I attended the deceased from <u>June 2, 1950</u> , to <u>February 24, 1953</u> , that I last saw the deceased alive on <u>February 24, 1953</u> , and that death occurred at <u>2:55 A. M.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Edwin N. Schmidt, M.D.</u>						23b. ADDRESS <u>1515 Lafayette Ave.</u>						23c. DATE SIGNED <u>2-24-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>2-24-1953</u>				24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>				24d. LOCATION (City, town, or county) (State) <u>7600 Rock Hill Road, Mo</u>					
DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u>				REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Zigenheim Bros</u>				ADDRESS <u>6409 Gravois Ave.</u>					

M 93 (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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Law M. Seimon*

Licensed Embalmer No. *4343*

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.