

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11737**
Registrar's No. **3329**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3329		
1. PLACE OF DEATH a. COUNTY _____				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) St. Louis		c. LENGTH OF STAY (In this place) STAY		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp. Assn				d. STREET ADDRESS (If rural, give location) 3921 Fillmore				
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Frederika c. (Last) Hosto			4. DATE OF DEATH (Month) (Day) (Year) 3 27 53		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH NOV. 24, 1881		9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) MONROE CO. ILL		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JOHN WESSEL		13b. MOTHER'S MAIDEN NAME IDA BRANDT		
14. NAME OF HUSBAND OR WIFE Albert Edward Hosto		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 ALBERT E. HOSTO		
17. ADDRESS 3921 FILLMORE		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Disease</u> DUE TO (c) 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 hrs 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)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201						
22. I hereby certify that I attended the deceased from Mar 10, 1953 , to Mar 27, 1953 , that I last saw the deceased alive on Mar 27, 1953 , and that death occurred at 10:20 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE R. B. Harrison M.D.				23b. ADDRESS 609 So. Grand		23c. DATE SIGNED 3-28-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 30, 1953		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.		24d. LOCATION (City, town, or county), (State) ST. LOUIS CO. MO.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 30 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER				
ADDRESS 4078 S. KINGSHIGHWAY		(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 Richard W. Stovesan

Licensed Embalmer No. 4007

P. O. Address _____

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.