

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12763**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **866**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. CITY OR TOWN Valley Park 4761	
c. LENGTH OF STAY (In this place) 6 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 841 River			
e. STREET ADDRESS (If rural, give location) 841 River Drive.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle)	c. (Last) Kindelsparger	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1953
---	-------------	--------------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 24, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 HR. 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) West Co., Ohio.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME Leroy Hotzapple	13b. MOTHER'S MAIDEN NAME Melvina Young	14. NAME OF HUSBAND OR WIFE William
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME William Kindelsparger	ADDRESS Bismarck, 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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypotensive CardioVascular Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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?

22. I hereby certify that I attended the deceased from **Oct 9, 1952**, to **March 20, 1953**, that I last saw the deceased alive on **March 20, 1953**, and that death occurred at **4 1/2 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE John Cunningham (Degree or title) D.O.	23b. ADDRESS 806 Meramec Sta. Rd. Valley Park, Mo.	23c. DATE SIGNED 3-21-53
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-23-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Ironton, Mo.
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 3-23-53	REGISTRAR'S SIGNATURE Herbert R. Douthett	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
---	--	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

V.S. No. 300
REV. 10-48

4001
1

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**