

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20288**

FILED MAY 28 1953

BIRTH MO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1415</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> (division).				
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Belefontaine Neighbors</u>		c. LENGTH OF STAY (in this place) <u>4yr</u>		c. CITY OR TOWN <u>Belefontaine Neighbors 4020</u>		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 <u>923 Chambers Rd</u>				e. STREET ADDRESS (If rural, give location) <u>923 Chambers Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY M</u>		b. (Middle) <u>EOFF</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22nd, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 4th, 1872</u>		
9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brewing</u>			11. BIRTHPLACE (City, and State or Foreign Country) <u>Jefferson Co.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>Jasper Eoff</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Eoff</u>			
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>348-05-3351</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Eoff, 923 Chambers Rd.,</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>Adeno-Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid 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. <u>Inanition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
19a. DATE OF OPERATION <u>12-30-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno-Carcinoma of stomach with extension to mesenteric glands</u>					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) <u>151X 47m J'</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X 47m J'</u>				
22. I hereby certify that I attended the deceased from <u>4-15</u> , 19 <u>52</u> to <u>5-22</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4-18</u> , 19 <u>53</u> and that death occurred at <u>1:25 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Og Jiffet MD</u>				23b. ADDRESS <u>4222 N. Grand</u>		23c. DATE SIGNED <u>5-22-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grubville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-22-53</u>		REGISTRAR'S SIGNATURE <u>Nesbert R. Donk M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich Funeral Home, 8319 Hallsferry</u>				

521 Licensed Embalmer's Statement on Reverse Side)

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

1000

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. 419
P. O. Address St. Louis

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.