

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40622

State File No. _____

FILED DEC 4-1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11046**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Missouri b. COUNTY 2169	
c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 16 3400 S. Grand Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		3. NAME OF DECEASED (Type or Print) Eva Hufnagel	
a. (First)		b. (Middle)	
4. DATE OF DEATH November 19, 1953		5. SEX Female	
(Month) (Day) (Year)		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 25, 1874	
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Elizabeth Schmit	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Miss Elizabeth Antoni		ADDRESS 602 Fassen St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease ANTECEDENT CAUSES Gen. arteriosclerosis 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. None 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)		St. Louis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		4200	
22. I hereby certify that I attended the deceased from Jan 10, 1953 , to 11/19/53 , 19____, that I last saw the deceased alive on 11/19/53 , 19____, and that death occurred at 3:20 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. Amerigo md		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 11/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/53	
24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. NOV 20 1953		REGISTRAR'S SIGNATURE Charles Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis Missouri	

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

(Licensed Embalmer's Statement on Reverse Side)

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe J. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18 Missouri

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.