

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41671**

No. 300
10.48

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3027</u>				
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>				b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>AFFTON</u>			c. LENGTH OF STAY (in this place) <u>9 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>AFFTON 7820</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8748 MC KENZIE ROAD</u>				d. STREET ADDRESS (If rural, give location) <u>8748 MC KENZIE ROAD</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>***</u>		c. (Last) <u>HUNSDORFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 22, 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 8, 1886</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AY HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>unk. KEMPER</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE unk.</u>			14. NAME OF HUSBAND OR WIFE <u>ROBERT</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HELEN MOUSHEY</u>					ADDRESS <u>8748 MC KENZIE ROAD AFFTON,</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>Cerebral thrombosis, acute</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>						<u>1 year</u>		
		DUE TO (c) <u>Generalized arteriosclerosis</u>						<u>1 year</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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) _____ m.		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 <u>Jan 1, 1953</u> , to <u>Nov. 22, 1953</u> , that I last saw the deceased alive on <u>11-22-53, 10</u> and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS <u>607 N. Grand Blvd.</u>		23c. DATE SIGNED <u>11-23-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u> <u>1800 LEMAY FERRY ROAD</u>				
DATE REC'D BY LOCAL REG. <u>11/24/53</u>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u> <u>7817 S. BROADWAY ST. LOUIS, MO.</u>					

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

(Approved Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.