

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43881

State File No. \_\_\_\_\_

FILED DEC 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>72</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY OR TOWN <u>St. James</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. James</u>		d. STREET ADDRESS (If rural, give location) <u>0810</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home Hospital</u>				3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>Laura</u> c. (Last) <u>Knoepfler</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>May 30 1868</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Textor</u>		13b. MOTHER'S MAIDEN NAME <u>Urecua Koehle</u>			
14. NAME OF HUSBAND OR WIFE <u>Raimund</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Fred Knoepfler, 38 Green Acres, Rolla, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular-Renal System</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4</u>	
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 <u>442x</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)			
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 <u>June 15, 1953</u> to <u>Dec 12, 1953</u> , that I last saw the deceased alive on <u>12-12, 1953</u> , and that death occurred at <u>4:05 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John Grosskreutz MD</u>				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>12-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 12 1953</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		GENERAL DIRECTOR'S SIGNATURE <u>C. Jesse Bahr</u>		ADDRESS <u>St. James, Mo</u>			

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

County File Number \_\_\_\_\_  
Date Filed 12-16-53

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed C. Gene Baker

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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.