

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45351

State File No.

FILED JAN 19 1954

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12098**

1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 5 Weeks		c. CITY OR TOWN Moline		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 Christian Hospital				e. STREET ADDRESS (If rural, give location) 2040 Nemnich Rd. <i>0040</i>					
3. NAME OF DECEASED a. (First) Alice			b. (Middle)		c. (Last) Hebenstreit		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 28, 1886		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Mins.	
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) Brighton, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gottfrey Gotter			13b. MOTHER'S MAIDEN NAME Serah Christmann			14. NAME OF HUSBAND OR WIFE Mr Henry Hebenstreit			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Henry Hebenstreit, 2040 Nemnich Rd. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation						6 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Chr. Hypertensive Cardiovascular Disease						8 yrs.	
		DUE TO (c) Acute hemorrhagic cystitis						1 month	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H.C.V. with decompensation; hemorrhoids							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION grade two; left ankle ulcer & varicosities						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? 443X					
22. I hereby certify that I attended the deceased from Dec 19, 1953 , to 12-21, 1953 , that I last saw the deceased alive on 12-19, 1953 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) MD				23b. ADDRESS 8321 N. Broadway		23c. DATE SIGNED 12-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-24-1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. DEC 23 1953		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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. 420

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.