

No. 300
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FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24331**
5492
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Lemay 4870	
c. LENGTH OF STAY (In this place) 4 days		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 Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 3706 Hoffmeister ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Mathilda c. (Last) Schober			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 9, 1902		9. AGE (In years last birthday) 52		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----		
11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		

13a. FATHER'S NAME Henry Neustaedter		13b. MOTHER'S MAIDEN NAME Rosa Hauck		14. NAME OF HUSBAND OR WIFE Leo	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 488-34-7984		17. INFORMANT'S SIGNATURE OR NAME Leo Schober ADDRESS 3706 Hoffmeister ave, Lemay, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon, advanced			DUPLICATE			Approx Oct. 1954		
ANTECEDENT CAUSES			DUE TO (b) Carcinomatosis with perforated bowel and peritonitis			3-4 days		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)					
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 153X	
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22. I hereby certify that I attended the deceased from **10/8/54**, 19___, to **6/23/55**, 19___, that I last saw the deceased alive on **6/23/55**, 19___, and that death occurred at **9:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Hutton M.D. (Degree or title)		23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 6/23/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 27, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road, Lemay, Mo.	
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DATE REC'D BY LOCAL REG. JUN 24 1955		REGISTRAR'S SIGNATURE Charles Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. ADDRESS 7814 S. Broadway	
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(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 *Linus C. Hoffner*.....

Licensed Embalmer No. 38.....

P. O. Address 78148.....

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.