

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30988

8586

| | | | | | | | | | |
|--|----------------------------------|--|---|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8603 Minnesota</u> | | | | e. STREET ADDRESS (If rural, give location) <u>8603 Minnesota</u> <u>20190</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> | | | b. (Middle) _____ | | c. (Last) <u>Hoesch</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1955</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Jan. 12, 1869</u> | | 9. AGE (In years less birthday) <u>86</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>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Michael Albrecht</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry (Deceased)</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 ADDRESS <u>Henry Hoesch 4366 Marooncourt, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>794X</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) (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>Sept. 16, 1955</u> , to <u>Sept 29, 1955</u> , that I last saw the deceased alive on <u>Sept. 29, 1955</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>7430 Virginia Avenue</u> | | 23c. DATE SIGNED <u>9/30/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Oct. 3, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Church Yard</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>SEP 30 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec St.</u> | | | | | |

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

S. P. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Jack Haupt*

Licensed Embalmer No. *479*

P. O. Address..... *S. H. ...*

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.