

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7491

State File No.

FILED MAR 19 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 459

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 town or township) OR TOWN <u>Clayton, Mo.</u>		c. CITY OR TOWN <u>Wellston 4281</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>St. Louis, County, Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1330 Leroy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Haferkamp</u> c. (Last) <u>Haferkamp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-56</u>		
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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>April 29, 1870</u>		9. AGE (In years last birthday) <u>85</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>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Herman Limberg</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Linnenbringer</u>	14. NAME OF HUSBAND OR WIFE <u>Theodora</u>
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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>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thekla Hoppe</u>	ADDRESS <u>5878 Theodosia Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral artery thrombosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</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.) <u>basin</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Basin Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>2-17-56 11:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-1956, to 2-17-1956 that I last saw the deceased alive on 2-17-1956, and that death occurred at 4:55a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Ramney, M.D.</u>	(Degree or title)	23b. ADDRESS <u>560 N. 50th Brentwood</u>	23c. DATE SIGNED <u>2-17-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Augusta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Augusta, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-17-56</u>	REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Name and Address) <u>Albert H. Hoppe 4700 Washington,</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

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. 12653
P. O. Address H. Lawton

**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.**