

health, Welfare Public Service
 0300
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29442

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1978

1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Peters <u>0920</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2 Miles N. of St. Peters <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hubert Middle Iffrig Last Iffrig			4. DATE OF DEATH Month Aug. Day 19, Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) St. Peters, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Aloys Iffrig			14. MOTHER'S MAIDEN NAME Helen Schwendemann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 439-20-0971	17. INFORMANT Leona Iffrig, St. Peters, MO. Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterinary Injaret Arteriosclerosis heart DUE TO (b) _____ DUE TO (c) Decase <u>4200</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____
21. I attended the deceased from <u>May 1956</u> to <u>Aug 19 1956</u> last saw him alive on <u>Aug 19/56</u> Death occurred at <u>11:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Connietherr (Degree of title) _____			22b. ADDRESS 5161 Russell		22c. DATE SIGNED 8/19/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-21-56	23c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		23d. LOCATION (City, town, or county) (State) St. Peters, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington,			25. DATE RECD. BY LOCAL REG. 8-20-56		26. REGISTRAR'S SIGNATURE Hebe K. Lamb

SEP 5 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley H. Aiso*
Licensed Embalmer No. *H. 1*
P. O. Address *St. L.*

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