No. 300
10.48

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

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44834

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11560

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5219 Helen Ave. Jennings, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) M. c. (Last) Hoerchler

4. DATE OF DEATH (Month) (Day) (Year): December 14, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 4, 1896
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 8 Days 10 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Aviston, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Jansen
13b. MOTHER'S MAIDEN NAME: Wilhelmina Molitor
14. NAME OF HUSBAND OR WIFE: William J. Hoerchler-Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Vincent A. Hoerchler
ADDRESS: 2715 Lynhurst, Overland

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

II. ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis and Thrombosis of coronary artery of heart — unknown
DUE TO (c) Diabetes mellitus — unknown

III. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
Diabetic retinopathy. — years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 14 Dec, 1956, *to* 14 Dec, 1956, *that I last saw the deceased alive on* 14 Dec, 1956, *and that death occurred at* 3:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Kaunde (Degree or title): MD
23b. ADDRESS: 3720 Washington Blvd. St. Louis
23c. DATE SIGNED: Dec. 15 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/18/56
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: DEC 17 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Gebken Sons
ADDRESS: 2630 Gravois Ave.

M.G.B. (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav Dieterle

Licensed Embalmer No. 4329

P. O. Address 1717 N. Unio

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