FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5296
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) CASTLE ACRES Home — Length of stay in 1b 1 WEEK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN ST. LOUIS 2239 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1938 SIDNEY — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MAGDALENA Middle Last HUMARTUS
4. DATE OF DEATH Month Day Year FEB. 17 1957
5. SEX Female
6. COLOR OR RACE WHITE 1
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH JULY 21 1866
9. AGE (In years last birthday) 90 — 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) WIDOW
10b. KIND OF BUSINESS OR INDUSTRY AT Home
11. BIRTHPLACE (City and state or country) GERMANY 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPH KOLF
14. MOTHER'S MAIDEN NAME LUCIA NOESGES
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 Address CLEMENS J. KOLF 3138 IOWA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gen. arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 15, 1957 to Feb 17, 1957 and last saw her/him alive on Feb 20, 57
Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Noel V. McInstry MD
22b. ADDRESS Delaney Mo
22c. DATE SIGNED Feb 18, 57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE FEB. 20 1957
23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois
25. DATE RECD. BY LOCAL REG. 2-19-57
26. REGISTRAR'S SIGNATURE Oleta Girardeau, Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 25 1957

FEB 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

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

working under my personal supervision..

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 43

P. O. Address 2926 S

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.