

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11640

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 527

Health
& Welfare
S. Public
th ServiceS. 300
v. 156

The coroner securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Ferdinand Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Ferdinand Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Villa Gesu		Length of stay in lb 2yrs	d. STREET ADDRESS (If outside, give location) 11755 Riverview Dr Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SISTER M. LUCIDIA HEPP			4. DATE OF DEATH Month Day Year February 25th, 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 18th, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY religious	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) not known		12. CITIZEN OF WHAT COUNTRY? USA	IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME Michael Hepp		14. MOTHER'S MAIDEN NAME Margaret Zarn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Sister m. Gertrude, 11755 Riverview
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis DUE TO (b) A S H. A. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Seriously			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 5 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Feb 1957 to 2-25-57 and last saw her alive on 2-19-57 Death occurred at 7:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Weyrich (Degree or title) MD		22b. ADDRESS 8321 N. Broadway	22c. DATE SIGNED 2-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/27/57	23c. NAME OF CEMETERY OR CREMATORY Villa Gesu	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry		25. DATE RECD. BY LOCAL REG. 2/26/57	26. REGISTRAR'S SIGNATURE Herbert R. Dombek MD

(Licensed Embalmer's Statement on Reverse Side)

17.

