

FILED JUN 14 1957

STANDARD CERTIFICATE OF DEATH

1003 State File No. 5325

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. REGISTRAR'S No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5630 BOTANICAL		e. STREET ADDRESS (If rural, give location) 139 5630 BOTANICAL	

3. NAME OF DECEASED (Type or Print) a. (First) GREGORY b. (Middle) ANTONIE c. (Last) HOFSTETTER			4. DATE OF DEATH (Month) (Day) (Year) 6-6-1957		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH APRIL 26, 1957		9. AGE (In years last birthday) 1 mo. 11 days		10. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME BEN HOFSTETTER	

13b. MOTHER'S MAIDEN NAME JUDY WILLIAM RUSSELL		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME JOHN RUSSELL		ADDRESS 5630 BOTANICAL	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
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.		492x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:06 A.M., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-7-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-7-1957		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO		24e. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24f. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	

DATE REC'D BY LOCAL REG. JUN 7 '57		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Michael	
ADDRESS 5930 Southwest		ADDRESS		ADDRESS	

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Valley R. Jaeller Jr*.....
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*.....

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.