S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1957

State File No. 19676

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1229

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis ~~St. Louis Co.~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8633 Tara Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle):
c. (Last): Huber

4. DATE OF DEATH (Month) (Day) (Year): 5 12 57

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 19. 1889
9. AGE (In years last birthday): 68 — 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): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: NURSE
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Julius Benn
13b. MOTHER'S MAIDEN NAME: Louisa Woehrman
14. NAME OF HUSBAND OR WIFE: Frank
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.: ~~unk.~~
17. INFORMANT'S SIGNATURE OR NAME: x Bernice Stifler — **ADDRESS**: 8633 Tara Lane

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) Vasomotor collapse — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 1 day

DUE TO (c) Hypertensive heart disease — 15 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 6 months

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: 420
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* 5-10, 1957, *to* 5-12, 1957, *that I last saw the deceased alive on* 5-12, 1957, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Shelby D.O.
23b. ADDRESS: 1917 N. Hanley Rd, St. Louis 14
23c. DATE SIGNED: 5-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15 1957
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetary
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo.

DATE REC'D BY LOCAL REG.: 5-13-57
REGISTRAR'S SIGNATURE: Hechel R. Jones M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Calvin F. Feutz Funeral Home
ADDRESS: 4828 Natural Bridge Blvd St. Louis 15 Mo.

(Licensed Embalmer) 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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph L. Lindsey

Licensed Embalmer No. 4275

P. O. Address St. Louis

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