

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022600
State File No.

FILED JUL 5 1957

5841

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 13 INCARNATE WORD HOSPITAL e. STREET ADDRESS (If rural, give location) 6416 VERMONT

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) _____ c. (Last) HRUBES 4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1957

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH (Month) (Day) (Year) MARCH 19-1893 64

9. AGE (In years last birthday) 64 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) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U-S-A

13a. FATHER'S NAME FRANK PECHAN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE ALBERT W HRUBES

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'S SIGNATURE OR NAME ALBERT W HRUBES ADDRESS 6416 VERMONT

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CORONARY Occlusion (INTERVAL BETWEEN ONSET AND DEATH) 1 1/2 yrs

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Hyper tensive Cardiac disease DUE TO (b) _____ DUE TO (c) _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 420.1 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1950 to 6/20, 1957, that I last saw the deceased alive on 6/10, 1957, and that death occurred at 11:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Michael M.D. 23b. ADDRESS 812 Olive 23c. DATE SIGNED 6-22-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 24-1957 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. JUN 24 '57 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuntz ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

