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FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5594 State File No. 28550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16<sup>v</sup> PRIMARY REG. DIST. NO. ~~6075~~ Registrar's No. 70

1. PLACE OF DEATH  
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY 1

b. CITY OR TOWN RURAL MERAMEC c. LENGTH OF STAY (in this place) 3 months

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 St. Joseph's Hill Infirmary e. STREET ADDRESS 7398 BEDFORD 200 0

3. NAME OF DECEASED a. (First) CROVER b. (Middle) C. c. (Last) ADRICH 4. DATE OF DEATH (Month) (Day) (Year) August 2 1957

5. SEX M<sup>o</sup> 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH August 23 1884 72 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GEN. AGENT B.M.R.R. 10b. KIND OF BUSINESS OR INDUSTRY L'ISBON N.H. 11. BIRTHPLACE U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY V. ADRICH 13b. MOTHER'S MAIDEN NAME LYDIA C. ADRICH 14. NAME OF HUSBAND OR WIFE PAULINE F. HUBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Bro. Koch St. Joseph's Hill Inf. Lurgan

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CORONARY Occlusion  
ANTECEDENT CAUSES  
Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC  
DUE TO (c) CARDIO VASCULAR Disease

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 4201 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) 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 5/4, 1957, to 8/2, 1957, that I last saw the deceased alive on 8/2, 1957, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. ... 23b. ADDRESS St. Joseph's Hill Infirmary 23c. DATE SIGNED 8/2/57

24. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Aug 5-1957 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem. 24d. LOCATION (City, town or county) (State) St. Louis Co Mo

DATE REC'D BY LOCAL REG. 8-5-57 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert E. Bauer C.R. HUPTON & SONS, 7233 DELMAR

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

JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI

DATE RECEIVED

AUG 17 1957

AUG 28 1957

MAY 20 1959

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*

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.