

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29563
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar No. **7330**

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, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2847 Osceola		Length of stay in 1b 159 STREET ADDRESS 2847 Osceola (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rose Middle Hoffmeister Last Hoffmeister		4. DATE OF DEATH Month 8 Day 4 Year 57 EX	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1895
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist	11. BIRTHPLACE (City and state or country) St. Louis Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY Acme Letter Co.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Duchek		14. MOTHER'S MAIDEN NAME Theresa Bultas	
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. 490-22-6097	
17. INFORMANT LaVerne Zimmermann		Address 2847 Osceola	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PARTIAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Arteriosclerotic Heart Disease with DUE TO (c) Coronary Infarct. 420.1 PARTIAL DEATH WAS CAUSED BY: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Nephritis			INTERVAL BETWEEN ONSET AND DEATH 1 day 3 mo.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Aug. 4th 1957 to Aug. 4th 1957 and last saw her him alive on 8-4-57 Death occurred at 3:12 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward H. Gibbons (Degree or title)		22b. ADDRESS 3608 South Grand Blvd. St. Louis Mo.	
22c. DATE SIGNED 8-5-57		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8/7/57	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Schumacker 3013 Meramec ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 6 57	
26. REGISTRAR'S SIGNATURE Carl Smith MO		26. REGISTRAR'S SIGNATURE	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jack Haupt*.....

Licensed Embalmer No. *47*

P. O. Address *St. Joe*

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