

FILED OCT 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33742

8895

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN ST LOUIS,		Inside Limits 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 DEPAUL HOSPITAL			Length of stay in lb		STREET ADDRESS 210 ⁴ 4614 NATL BRIDGE AVE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JOHANNA Middle KOPFENSTEINER Last				4. DATE OF DEATH Month Day Year SEPT, 21, 1957									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6/28/1884		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) AUSTRIA			12. CITIZEN OF WHAT COUNTRY? unk.				
13. FATHER'S NAME JOSEPH MAGADITCH						14. MOTHER'S MAIDEN NAME UNKNOWN							
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 Address 4614 NATURAL BRIDGE JOHN J. KOPFENSTEINER							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Stomach										INTERVAL BETWEEN ONSET AND DEATH 8 yrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)			
										DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from 6-23-44 to 9-21-57 and last saw her alive on 9-21-57 Death occurred at 10:50 10:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE F. R. Finnegan, M.D.						22b. ADDRESS 201 Humboldt Bldg. St. Louis 3, Mo.				22c. DATE SIGNED 9-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE 9/25/57		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI					
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATL, BRIDGE					25. DATE RECD. BY LOCAL REG. SEP 23 57			26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.					

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Dr. Frank
H. ...
1 to 3
Bleg*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M W Rueter*

Licensed Embalmer No. *48*

P. O. Address *St Louis*

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.