

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37588**

FILED NOV 5 1957

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10089**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON		
b. CITY OR TOWN ST LOUIS MO		c. LENGTH OF STAY (in this place) 2-WKS	c. CITY OR TOWN DITTMER		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 22. ST ANTHONY'S HOSPR. ST LOUIS MO			e. STREET ADDRESS (If rural, give location) 29 MERAMEC TOWNSHIP 05th		
3. NAME OF DECEASED (Type or Print) a. (First) LYDIA b. (Middle) ANNA c. (Last) HOGRAFE			4. DATE OF DEATH (Month) (Day) (Year) OCT 27 1957		
5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 7-1898	9. AGE (In years last birthday) 58	If UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) DITTMER MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EDWARD REDHAGE		13b. MOTHER'S MAIDEN NAME MARY OERMANN		14. NAME OF HUSBAND OR WIFE ARTHUR HOGRAFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Arthurine C. Steina ADDRESS St Louis Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES arteriosclerotic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9-20 , 19 57 , to 10-27 , 19 57 , that I last saw the deceased alive on 10/27 , 19 57 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Robert M. Tichenor MD (Degree or title)			23b. ADDRESS P.O. Box 6 Joplingtown Mo		23c. DATE SIGNED 10/28/57
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10/29/57	24c. NAME OF CEMETERY OR CREMATORY ST MARTINS CRM.	24d. LOCATION (City, town, or county) (State) DITTMER MO		
DATE REC'D BY LOCAL REG. OCT 28 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. ... ADDRESS Home Springs Mo	

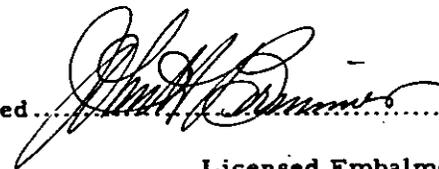
(Licensed Embalmer's Statement on Reverse Side)

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

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.....


Licensed Embalmer No. 1470
P. O. Address *House Springs*

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.