

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38439

STATE FILE NUMBER

FILED NOV 15 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2566

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis CLAYTON</u>		c. CITY OR TOWN <u>St Louis CLAYTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7009 Kingsbury</u>		d. STREET ADDRESS (If outside, give location) <u>7009 Kingsbury</u>	
Length of stay in 1b <u>18 yr</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Hildagrade Elizabeth Dufner</u>			4. DATE OF DEATH <u>Oct 16 57</u>			
First	Middle		Last	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8 March 1903</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and state or country) <u>St Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13. FATHER'S NAME <u>Julius Dugner</u>	14. MOTHER'S MAIDEN NAME <u>Martha Dufner</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>499-34-2457</u>	17. INFORMANT <u>Aurelia Miller Union, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15-30 minute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	
	DUE TO (c) <u>Hypertension</u> <u>4/201</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Obesity</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <u>    </u> Month <u>    </u> Day <u>    </u> a. m. <u>    </u> p. m. <u>    </u>	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>10/12/57</u> to <u>10/16/57</u> and last saw her <u>alive</u> on <u>10/16/57</u> Death occurred at <u>4:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the cause stated.
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22a. SIGNATURE (Degree or title) <u>Joseph P. Weiss, M.D.</u>	22b. ADDRESS <u>508 N. Grand</u>	22c. DATE SIGNED <u>10/17/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>19 Oct 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	23d. LOCATION (City, town, or county) <u>Union, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Stanley E Meyer</u>	25. DATE RECD. BY LOCAL REG. <u>10-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Nicholas B. Danke MD</u>
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Stanley Meyer Union, Mo. (Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Health Service  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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v. 1-56

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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.....  
*Stanley E. Meyer*

Licensed Embalmer No. 46

P. O. Address *Union*

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.