

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47663
STATE FILE NUMBER
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12622

S. 300
ov. -57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton <i>4450</i>
c. FULL NAME OF (If NOT in hospital, give location) 32 HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in lb 6 weeks	d. STREET ADDRESS 7627 Wydown Blvd <i>27</i>
3. NAME OF DECEASED (Type or print) OTTO		First Middle Last G. STOFFREGEN	4. DATE OF DEATH Month Day Year Dec 29, 1957
5. SEX male	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 Dec 25, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY coffee dist.	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? W.S.A.	
13a. FATHER'S NAME Charles Stoffregen		13b. MOTHER'S MAIDEN NAME Augusta Kespohl	14. NAME OF HUSBAND OR WIFE Jennis E. Stoffregen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Jennie E. Stoffregen 7627 Wydown
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of liver</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>
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) <i>156.1</i>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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 <i>11/2/52</i> to <i>12/29/57</i> and last saw her/him alive on <i>12/29/57</i> Death occurred at <i>9:25 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Rahel Jennie M. H.</i>		(Degree or title) <i>D</i>	22b. ADDRESS 3720 Washington Blvd.
22c. DATE SIGNED 12/30/57			
23a. BURIAL, CREMATION, REBURYAL (Specify) entombment		23b. DATE 1/2/58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum
23d. LOCATION (City, town, or county) St. Louis County		(State) Mo.	
24. FUNERAL DIRECTOR C.R. Lupton and Sons		ADDRESS 7233 Delmar	25. DATE RECD: BY LOCAL REG. DEC 30 57
REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		<i>nbs</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

3720 Madison Ave
1130-5762

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 *Clarence H. Murray*

11/28/61

Licensed Embalmer No. *4011*
P. O. Address *St. Louis Mo.*

DISCLAIMER 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.