FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3896
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 19 Homewood Dr. — Length of stay in Hospital 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4693 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 19 Homewood Dr. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Augusta; Middle Lee; Last Anderson
4. DATE OF DEATH: Month January; Day 11; Year 1958
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: August 3, 1870
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --HF--Home
11. BIRTHPLACE (City and state or country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Christ Hufft
14. MOTHER'S MAIDEN NAME: Katherine Speirer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Herman Hinsman — Address: 19 Homewood Dr. Kirkwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pulmonary edema
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to Jan. 11, 1958 and last saw her/him alive on Jan 11, 1958
Death occurred at 9:35 Am on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Charles Miller M.D.
22b. ADDRESS: 206 N. Clay, Kirkwood Mo.
22c. DATE SIGNED: Jan 11, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 13, 1958
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR AND ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: 1-13-1958
26. REGISTRAR'S SIGNATURE: Herbert R. Donke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffman

Licensed Embalmer No. 38

P. O. Address 7814 Ch

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.