

Health,
Welfare
Public
Service

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007352

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1420

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>3825a Wilmington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FRIEDA</u> Middle Last <u>HOEFENER</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>4,</u> Year <u>1958</u> | |
| 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>Nov. 6, 1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 13a. FATHER'S NAME <u>William Hoefener</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Witte</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Minnie Hoefener, 3825a Wilmington Ave.</u> |
| 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>Cerebral Hemorrhage</u> <u>Lobar Pneumonia. H/S R Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } <u>331x</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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.) | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from <u>Jan 1950</u> to <u>2/4/58</u> and last saw her alive on <u>2/4/58</u> Death occurred at <u>9:05 AM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 22b. ADDRESS <u>4075 S. Gaium</u> | |
| 22c. DATE SIGNED <u>2/6/58</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | |
| 23b. DATE <u>Feb. 7, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>FEB 7 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>M. S. B.</u> | |

Dr. E. C. KiENZle
4075 So. Grand Ave.

1-6-8
1-3
O'Hara

Rt. 2-1570-

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 John J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.