Health, & Welfare Public Service

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011763

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2719

1. PLACE OF DEATH
a. COUNTY St. Louis (City)
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis (City) — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 Jewish Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Cuba 0280 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 31 G. B. Hamilton, Res. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SAMUEL Middle L. Last HOCHENEDEL

4. DATE OF DEATH Month March Day 5 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 19, 1878
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 1 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: R.R. Express
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cairo, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph E. Hochenedel
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE Mary E. Hochenedel

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. 712-16-0148
17. INFORMANT Naoma Ward (daughter) Address 1308 St. Louis ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac dilatation & hypertrophy — few months (?)
DUE TO (c) Perforated duodenal ulcer — 10 days (?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peritonitis & ileus secondary to (C)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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
541.1
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 2/26/58, to 3/5/58 and last saw her/him alive on 3/4/58
Death occurred at 5 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A. Lowenstein, M.D.
22b. ADDRESS 457 N. Kingshighway
22c. DATE SIGNED 3/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-7-58
23c. NAME OF CEMETERY OR CREMATORY Cross Roads Cemetery
23d. LOCATION (City, town, or county) Leasburg (State) Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS Cuba, Mo.
25. DATE RECD. BY LOCAL REG. MAR 7 '58
26. REGISTRAR'S SIGNATURE Carl Smith Mo. M.D.

(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 causally related.

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. 3472

P. O. Address Cuba, Mo.

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.