

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024181
STATE FILE NUMBER

FILED JUL 11 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1815

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR CARBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton 48100
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7019 Circle View Dr.		Length of stay in lb 2 Yrs.	d. STREET ADDRESS (If outside, give location) 7019 Circle View Dr.
3. NAME OF DECEASED (Type or print) First HENRY Middle B. Last OFFENBACHER			4. DATE OF DEATH Month July Day 5 Year 1958
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 July 27, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of life, or last, even if retired) Banker-Retired		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jacob Offenbacher	
13b. MOTHER'S MAIDEN NAME Elizabeth Hieburg		14. NAME OF HUSBAND OR WIFE Martha L. Offenbacher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 493-05-8843	17. INFORMANT Martha L. Offenbacher
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiomyopathy			INTERVAL BETWEEN ONSET AND DEATH 6 1/2
DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Diabetes mellitus			
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 _____ 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 May 5 - 18 to May 31 - 58 and last saw her alive on 5/31/58 Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John P. [Signature] (Degree or title)		22b. ADDRESS 208 N. [Signature]	22c. DATE SIGNED 7/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 7-8-58	26. REGISTRAR'S SIGNATURE Herbert R. Donker M.D.

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 *Richard W. Storvick*

Licensed Embalmer No. *4007*

P. O. Address

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.