

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028616

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 263

S. 300
1-57

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|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Elizabeth</u> <u>66-60</u> c |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | Length of stay in lb <u>15 days</u> | d. STREET ADDRESS <u>Rural Route</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>—</u> Last <u>Struempf</u> | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>31</u> Year <u>1958</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 19, 1903</u> |
| 9. AGE (In years, ^{if} UNDER 1 YEAR last birthday) <u>55</u> | | Months <u>—</u> Days <u>—</u> | IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>St. Elizabeth, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Jacob Weidinger</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margaret Holtzer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martin J. Struempf</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> If yes, give war or dates of service | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT <u>St. Elizabeth, Missouri</u> <u>Martin J. Struempf</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>Pancreatitis, acute, Necrotic, 16 days,</u> <u>hemorrhagic, severe</u> DUE TO (b) <u>peritonitis, acute, fat Necrosis 16 days.</u> DUE TO (c) <u>due to above</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>5870</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholecystitis, chronic</u> | | | 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 <u>—</u> Month, Day, Year a.m. <u>—</u> p.m. <u>—</u> | | | |
| 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 <u>8-15-58</u> to <u>8-31-58</u> and last saw her alive on <u>8-31-58</u> Death occurred at <u>8-31-58</u> <u>7:25 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Rendall P. Clark, M.D.</u> (Degree & title) | | 22b. ADDRESS <u>Jefferson City</u> | |
| 22c. DATE SIGNED <u>9-2-58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>9/3/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery</u> |
| 23d. LOCATION (City, town, or county) <u>St. Elizabeth, Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u> ADDRESS <u>Iberia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2 Sept. 1958</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR.</u> |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

