

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030557

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registration No. 8375

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, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>3962 Bowen</u>	

3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Hufschmidt</u> Last			4. DATE OF DEATH Month <u>Aug.</u> Day <u>28</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 type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 17, 1868</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>	
13. FATHER'S NAME <u>Conrad Hoffmann</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Kahm</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>Mrs. Olive Wackerlin 3962 Bowen</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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>10 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</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) <u>Arteriosclerosis heart de ease</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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> a. m. <u> </u> p. m. <u> </u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>	20g. COUNTY	20h. STATE
21. I attended the deceased from <u>9/7/58</u> to <u>8/28/58</u> and last saw her alive on <u>8/28/58</u> Death occurred at <u>2:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Edward W. Gylbrunski M.D</u>	(Degree or title)	22b. ADDRESS <u>3701 E Grand St</u>	22c. DATE SIGNED <u>8/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Aug 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	25. DATE RECEIVED BY REG. <u>AUG 29 1958</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56 0

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Edw W Czebrinski
3701 Grandel St.

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 *David Van Fossan*

Licensed Embalmer No. *42*

P. O. Address *St Louis*

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.