

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045804  
State File No. ....

FILED DEC 22 1958

BIRTH NO. 95562-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12022

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3661 Wilmington Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3661 Wilmington Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Angela</u> c. (Last) <u>Hezel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-12-1958</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>1</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 Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William John Hezel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Krupp</u>		14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME <u>William John Hezel</u> ADDRESS <u>3661 Wilmington</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Multiple Anomalies</u> ANTECEDENT CAUSES <u>Hydrocephalic, Flaccid Paralysis</u> DUE TO (b) <u>Hepatomegaly, Splenomegaly</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Two Chambered Heart malrotation of colon</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>752X</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-12-</u> , <u>1958</u> , to <u>12-13</u> , <u>1958</u> , that I last saw the deceased alive on <u>12-13-</u> , <u>1958</u> , and that death occurred at <u>1:40Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>1409 1927<sup>th</sup> Union St. Louis 13 Mo.</u>		23c. DATE SIGNED <u>12-14-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 15, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 15 58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshausen 4228 S, Kingshighway</u>	

**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 .....

Student Embalmer

Signed

*Richard W. Stovessand*

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 this body is not embalmed, fact should be so stated above.

*No Embalming*