

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046799

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3293

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oakland 4703
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ursuline Convent		Length of stay in lb 30 yrs.	d. STREET ADDRESS (If outside, give location) 800 E. Monroe
3. NAME OF DECEASED First Middle Last Mother Mary Antonia Lorch			4. DATE OF DEATH Month Day Year Dec. 14, 1958
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Convent	9. AGE (In years last birthday) 54
11. BIRTHPLACE (City and state or country) St. Mary's, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Frances Lorch		13b. MOTHER'S MAIDEN NAME Margaret Elizabeth Hoog	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No; if unknown) (If yes, give branch or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address 800 E. Monroe Ursuline Convent-Oakland, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arrhythmia fibrillation</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4331
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Impaired heart function</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 <i>Feb - 1957</i> to <i>Jan - 14 1958</i> and last saw her alive on <i>Nov 8 1958</i> Death occurred at <i>412 a w</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Vollenweider</i> (Degree or title)		22b. ADDRESS <i>3300 Big Bend</i>	22c. DATE SIGNED <i>12/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.	23d. LOCATION (City, town, or county) Kirkwood, Missouri
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 12-15-58	26. REGISTRAR'S SIGNATURE <i>Herbert R. Dorake M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ben C. Hoffma*
Licensed Embalmer No. *4361*
P. O. Address *Amulo*

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.