

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046815
STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 3302

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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) Manchester		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home		d. STREET ADDRESS (If outside, give location) 3700 S. Main St.	
Length of stay in lb 1 year		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Kasper Middle Frank Last Oefinger			4. DATE OF DEATH Month Dec. Day 14, Year 1958		
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5. SEX Male	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 unk.	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 9 Days unk.	IF UNDER 24 HRS. Hours unk. Min. unk.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.	10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and state or country) unk.	12. CITIZEN OF WHAT COUNTRY? unk.
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13a. FATHER'S NAME unk.	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE unk.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.	16. SOCIAL SECURITY NO. 498-26-1322A	17. INFORMANT Pine Crest Home Ballwin, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Hypertrophy & Dilatation		Don't know
DUE TO (c) Mitral Stenosis & Insufficiency		Don't know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, Sewility		

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.) 410X
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20c. TIME OF INJURY Hour unk. Month, Day, Year unk.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unk.	20f. CITY, TOWN, OR LOCATION unk.	COUNTY unk.	STATE unk.
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20d. INJURY OCCURRED WHILE AT <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.) unk.	20f. CITY, TOWN, OR LOCATION unk.	COUNTY unk.	STATE unk.
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21. I attended the deceased from May 2nd, 58 to Dec. 12, 58 and last saw her alive on Dec. 12, 1958 Death occurred at 4:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Rafferty MD	22b. ADDRESS Box 122, Manchester, Mo.	22c. DATE SIGNED 12-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or country) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Rowland Aker - 4104 Manchester	ADDRESS 4104 Manchester	25. DATE RECD. BY LOCAL REG. 12-17-58	26. REGISTRAR'S SIGNATURE Herbert R. Dombke MD
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Occasion, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

Licensed Embalmer No.....

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.**