

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011443

STATE FILE NUMBER

2345

FILED MAR 27 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY <i>CITY</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jefferson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>RURAL MERAMEE</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DEACONESS HOSP</i>		Length of stay in lb <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>HOUSE SPRINGS RURAL</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ANNA C. SZOFRAN</i>			4. DATE OF DEATH Month Day Year <i>3 - 5 - 59</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12/21/1880</i>	9. AGE (In years and months) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (City and state or country) <i>AUSTRIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Joseph Schindler</i>		13b. MOTHER'S MAIDEN NAME <i>Theresa Rimpler</i>		14. NAME OF HUSBAND OR WIFE <i>John SZOFRAN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>John Szofran House Springs Mo</i>		
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>Myocardial Infarction, acute</i> DUE TO (b) <i>Coronary Artery, thrombosis of</i> DUE TO (c) <i>Arteriosclerosis of myocardial</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.1</i>					INTERVAL BETWEEN ONSET AND DEATH <i>one day</i> <i>1 day</i>
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 <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>March 5, 1959</i> to <i>March 5, 1959</i> and last saw her alive on <i>3-5-59</i> Death occurred at <i>9:15 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James P. Winkler</i>			22b. ADDRESS <i>624 W. Grand Blvd.</i>		22c. DATE SIGNED <i>3-6-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<i>Burial</i>		<i>MAR 9-59</i>	<i>ST. MARTINS E+R.</i>		<i>High Ridge Mo</i>
24. FUNERAL DIRECTOR <i>Hammer Funeral Home</i>			25. DATE RECD. BY LOCAL REG. <i>MAR 6 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, 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 *Gustav W. Schuler*

Licensed Embalmer No. *4329*  
P. O. Address *St Louis Mo*

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.