

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016337
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317 Primary Registration District No. 570 Registrar's No. 1107

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <u>St. Louis, Mo.</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis 4071</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u> | | Length of stay in 1b <u>1 day</u> | d. STREET ADDRESS (If outside, give location) <u>3665 Falcon</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle Last <u>Neuroth</u> | 4. DATE OF DEATH Month <u>4</u> Day <u>21</u> Year <u>1959</u> |
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| 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"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan, 28, 1895</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Reed</u> | 13b. MOTHER'S MAIDEN NAME <u>JETCHA AMES</u> | 14. NAME OF HUSBAND OR WIFE <u>unk.</u> |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>no.</u> | 17. INFORMANT <u>Fred Neuroth</u> | Address <u>2700 N Lindbergh</u> |
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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) <u>Coronary artery occlusion</u> | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Embolic shower -</u> | |
| DUE TO (c) <u>Mural thrombus</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Left femoral artery occlusion -</u> | |

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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.) <u>4201</u> | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 |
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| 21. I attended the deceased from <u>1956</u> , to <u>4-21-59</u> and last saw ^{her} _{him} alive on <u>4-21-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Fred A. Loucks, D.O.</u> | 22b. ADDRESS <u>2335 Brown Rd St. Louis</u> | 22c. DATE SIGNED <u>4-22-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>4-24-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | 23d. LOCATION (City, town, or County) (State) <u>NORMANDY MO</u> |
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| 24. FUNERAL DIRECTOR <u>ORTMANN F. HOME OVERLAND MO</u> | ADDRESS <u>Overland MO</u> | 25. DATE RECD. BY LOCAL REG <u>4-22-59</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy, MD</u> |
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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 Sam Stipanovic, Student Embalmer No. 578 working under my personal supervision.

Student Sam Stipanovic
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 2478

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.