

FILED VS JUL 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027493

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1763

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jennings</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Ferguson 41196</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>High Towers Nu. Home</u> | | Length of stay in lb <u>3 Yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>311 Roberta Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>---</u> Last <u>Hohrieter</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1959</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 8, 1888</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u> | 9. AGE (In years at birthday) <u>70</u> 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> |
| 13a. FATHER'S NAME <u>John F. Burrs</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Running</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
| 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>493-10-3339</u> | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> |
| 17. INFORMANT <u>Mrs. Robert E. Bagley, Ferguson, Mo.</u> | | | Address |
| 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>Cerebral thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>Old right hemiplegia, chronic pyelonephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>unknown</u> |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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 <u>St. Louis County, Mo.</u> | |
| 21. I attended the deceased from <u>Oct 10, 1957</u> to <u>June 29, 1959</u> and last saw her alive on <u>6-29-59</u> Death occurred at <u>6:55 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Lewis Littmann M.D.</u> (Degree or title) | | 22b. ADDRESS <u>8231 Clayton Rd (17)</u> | 22c. DATE SIGNED <u>7-1-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-2-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>White-Mullen Mortuary, Ferguson, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-1-59</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, 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 *Larry M. Gilrite*

Licensed Embalmer No. *39213*

P. O. Address *Jerguson*

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.