JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009118

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1814 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1.
Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1524 Lafayette Ave
Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Anna Middle: Last: ZURFLUH
4. DATE OF DEATH Month Day Year: FEB. 15, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 3/30/90
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Edward Riefschneider
13b. MOTHER'S MAIDEN NAME: Jennie Fiala
14. NAME OF HUSBAND OR WIFE: Joseph (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Henry Schneider Address: 5833 Mardel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia terminal — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — years
DUE TO (c) auricular fibrillation — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4341
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/10/60, to 2/15/60 and last saw her/him alive on 2/15/60
Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robertino Donati M.D. (Degree or title)
22b. ADDRESS 1515 LAFAYETTE AVE
22c. DATE SIGNED 2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/18/60
23c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cem
23d. LOCATION (City, town, or county) (State): St Louis County Mo

24. FUNERAL DIRECTOR: Moydell Funeral Home ADDRESS: 1926 Allen
25. DATE REC'D BY LOCAL REG.: FEB 16 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence M. Billo

Signature of Student Embalmer

Licensed Embalmer No. 4375

P.O. Address St. Louis 23, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.