...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-024601
STATE FILE NUMBER

FILED VS JUL 1 1960

...NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6293

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO — Length of stay in Hospital: 23 DAYS	c. CITY OR TOWN JEFFERSON CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 218 BENTON — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: ANTON	Middle: J.	Last: HOERSCHGEN	4. DATE OF DEATH	Month: JUNE	Day: 18	Year: 1960
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4/30/87	9. AGE (last birthday): 73	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): FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): LOOSE CREEK, MO.	12. CITIZEN OF WHAT COUNTRY: USA				
13a. FATHER'S NAME: JACOB HOERSCHGEN	13b. MOTHER'S MAIDEN NAME: ELIZABETH TROESSER	14. NAME OF HUSBAND OR WIFE: TILLIE HOERSCHGEN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 492-36-8283	17. INFORMANT: TILLIE HOERSCHGEN	ADDRESS: 218 BENTON JEFFERSON CITY, MO				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL VASCULAR THROMBOSIS	8 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	SEVERE CEREBRAL ARTERIOSCLEROSIS	2-3 YRS
DUE TO (c)	332	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CARCINOMA OF PROSTATE WITH METASTASES

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.)

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 5/26/60 to 6/18/60 and last saw him alive on 6/18/60

Death occurred at 7:12 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: FRANKLIN H. [illegible] (Degree or title) M.D.	22b. ADDRESS: VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED: 6/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 6-19-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Dulle Funeral Home, Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG.: JUN 20 1960	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1960

JUL 1 - 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Sip

Licensed Embalmer No. 469

P. O. Address St. Lou

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