

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025399

ED VS JUL 11 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1910

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gardenville</u>	Length of stay in 1b <u>3 Weeks</u>	c. CITY OR TOWN <u>St. Louis Mo</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Henninger Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4125 Kay Court</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HATTIE HILDEBRAND</u>	4. DATE OF DEATH Month Day Year <u>6-21 -1960</u>
--	---

5. SEX <u>Female W</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-15-1882</u>	9. AGE (last birthday) <u>77</u>	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) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo,</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Bernard Moehlenhof</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Schliet</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>NONE</u>	17. INFORMANT Address <u>Fred Moehlenhof 4125 Kay Court</u>
--	--	--

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>central hemorrhage</u> DUE TO (b) <u>carcinoma of sigmoid</u> DUE TO (c) <u>153.3</u>	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 COUNTY STATE
--	--	---

21. I attended the deceased from Sept 1959 to 22 June 60 and last saw her alive on 21 June 60.
Death occurred at 10/50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joe Boneta M.D. (Pathologist)</u>	22b. ADDRESS <u>2705 Cefla</u>	22c. DATE SIGNED <u>23 June 60</u>
--	-----------------------------------	---------------------------------------

22d. BURIAL, CREMATION, REINTERMENT (Specify) <u>Interment</u>	23b. DATE <u>6-24-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</u>	23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>
---	-------------------------------	---	---

24. WRECKMASTER'S ADDRESS <u>WINGBERMUEHLE</u>	25. DATE RECD. BY LOCAL REG. <u>6-23-60</u>	26. REGISTRAR'S SIGNATURE <u>John G. ...</u>
---	--	---

3819 S. GRAND - ST. LOUIS, MO. 18

(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *George J. Ingberman*
Licensed Embalmer No. 4611

P. O. Address *Abolm...*

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.