

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 26 1960

318

Primary Registration District No. 1003

Registrar's No.

8230

STATE FILE NUMBER

-60-032319

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (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>St. Louis</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>St. Louis</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>St. Anthony's Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3936 Juanita Str</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Lena C. Hepp</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Aug 20 1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>March 31 1897</u>	<b>9. AGE (last birthday)</b> <u>63 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Cashier</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Famouss - Barr Co</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Hecker, Ill</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>George Hepp</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kate Armstutz</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>328 03 3466</u>	<b>17. INFORMANT</b> <u>Cota Yehling</u>		Address <u>St Louis, Mo.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro Vascular Accident</u> DUE TO (b) <u>Cerebral Arterio Sclerosis</u> DUE TO (c) <u>Genil Arterio Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>331x</u>				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		Month, Day, Year						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE	
<b>21. I attended the deceased from</b> <u>July 2, 1960</u> to <u>Aug 20, 1960</u> and last saw her/him alive on <u>8/20/60</u> Death occurred at <u>2:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <u>Campbell M.D.</u>				<b>22b. ADDRESS</b> <u>4268 Delor</u>		<b>22c. DATE SIGNED</b> <u>8/22/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>8/20/60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Hill Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Belleville, Ill</u>		(State)		
<b>24. FUNERAL DIRECTOR</b> <u>George M Renner</u>			ADDRESS <u>Belleville, Ill.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>AUG 22 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Loard Smith. M.D.</u>			

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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George M. Penn

Licensed Embalmer No. 5051

P. O. Address Belleville,

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