

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042073

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 282

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED NOV 30 1961**

1. **PLACE OF DEATH**  
 a. COUNTY St. Charles  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Length of stay in lb 4 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes  No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Warren  
 c. CITY OR TOWN Warrenton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First Frieda Middle Katherine Last Hodel  
 4. **DATE OF DEATH** Month Nov. Day 17, Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 1-13-1876 9. AGE (last birthday) 85 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 Own home 11. BIRTHPLACE (City and state or country) Dorbin, Austria 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Anton Rhomberg 13b. MOTHER'S MAIDEN NAME ? Zumbobel 14. NAME OF HUSBAND OR WIFE Fred Hodel, dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Eugene Hodel Address 1035 Pike St. Charles, Mo.

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary embolism INTERVAL BETWEEN ONSET AND DEATH 5 minutes  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Strangulated femoral hernia 9 days  
 DUE TO (c) Intestinal obstruction 9 days  
 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.  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 Nov 11, 1961 to Nov 17, 1961 and last saw her alive on Nov 17, 1961  
 Death occurred at 6:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell Huder MD 22b. ADDRESS St Charles, Mo 22c. DATE SIGNED Nov 19, 1961

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-19-61 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) Warrenton, Mo.

24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co., Warrenton, Mo. 25. DATE RECD. BY LOCAL REG. NOV 19-1961 26. REGISTRAR'S SIGNATURE Marcella Wilson

X

X

X

**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 John S. Hielburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, M

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.