# SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-042874
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10484

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY - - - -
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 12 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 755 Bobbins Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AGNES Middle ANN Last SCHUFF
4. DATE OF DEATH: Month November Day 9 Year 1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-11-1900
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months 1 Days 28
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): Altamont, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Fred Radloff
13b. MOTHER'S MAIDEN NAME: Annie Ademann
14. NAME OF HUSBAND OR WIFE: Charles Schuff
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.: None
17. INFORMANT: Charles Schuff Address: 755 Bobbins Ln, Florissant Mo.

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — ?
DUE TO (c): 4200
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

Ok
Joseph M. Jones M.D.
Dep

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. 9 1961, to _____ and last saw her/him alive on Nov 9 1961
Death occurred at 11 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Cokrane (Degree or title): MD
22b. ADDRESS: 390 W. St. Anthony Lane
22c. DATE SIGNED: 11/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 13, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetary
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary ADDRESS: 6464 Chippewa
25. DATE RECD. BY LOCAL REG.: NOV 10 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

## 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 Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

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.

72 70