

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044400

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11704** STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in b. CITY OR TOWN **6 mo. 11 days**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chronic Hosp.** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____ c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS **4360 Olive St.** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) **Hedwig Hugle** 4. DATE OF DEATH Month Day Year **12-5-62**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6-28-1872** 9. AGE (last birthday) **90** 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 _____ 11. BIRTHPLACE (City and state or country) **Minn.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John P. Hilbert** 13b. MOTHER'S MAIDEN NAME **Elizabeth Gerners** 14. NAME OF HUSBAND OR WIFE **Gasway Hugle**

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 **Clarence C. Zak** Address **4756 Wren**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease**
 DUE TO (b) _____
 DUE TO (c) **4200H**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Carcinoma of Breast** 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 s.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 **5-24-62** to **12-5-62** and last saw ^{and} him alive on **12-5-62**
 Death occurred at **6:20 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ann Higgins M.D.** 22b. ADDRESS **634 N Grand** 22c. DATE SIGNED **12-6-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-7-62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo**

24. FUNERAL DIRECTOR ADDRESS **Bensiek-Niehaus 1431 N. Union** 25. DATE RECD. BY LOCAL REG. **DEC 6 - 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION DOCUMENT

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 J. W. Brinkley

Licensed Embalmer No. 3653

P. O. Address J. W. Brinkley

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.

a