

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030075

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7965**

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 9 1963

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb 18 yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4625 McCausland Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle Last HUGO			4. DATE OF DEATH Month Aug. Day 4, Year 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/26/1887
9. AGE (last birthday) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired manager		11. BIRTHPLACE (City and state or country) Hoffman, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY grain elevator	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Hugo		13b. MOTHER'S MAIDEN NAME unk. Eickhoff	14. NAME OF HUSBAND OR WIFE Hedwig Lange
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Hedwig Hugo, 4625 McCausland Avenue
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary thrombosis Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Arteriosclerotic heart disease DUE TO (b) 420 OF DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 7 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent Fracture, surgical neck of D humerus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home	
20c. TIME OF INJURY Hour 7 Month, Day, Year 7/30/63 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 03	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Missouri
21. I attended the deceased from 7/30/63 to 8/4/63 and last saw him alive on 8/3/63 Death occurred at 7:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Keith S. Puges, MD.		22b. ADDRESS 3701 Grandel Sq. St. Louis 8, Mo	22c. DATE SIGNED 8/5/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/7/63	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 2936 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. AUG 5 1963	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Kleth E. Pipes

3701 Grandel Sq.

JE 3-4430

1-3 PM

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

Warner W. Fritz

Licensed Embalmer No.

3882

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.