

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6781

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1840

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (If in this place) 27 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8326 Pennsylvania ave. | | d. STREET ADDRESS (If rural, give location) 8326 Pennsylvania ave. | |

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|--|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) ----- c. (Last) Jenne-Schromen | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 28, 1865 | | 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months Days IF UNDER 1 WEEK: 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 Foreign Country) Ste. Genevieve, Mo. | | 12. CITIZEN OF WHAT COUNTRY? |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Anthony Huck | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Nick | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO | 16. SOCIAL SECURITY NO. (If you do not know or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Weeks 8326 Pennsylvania | | | |

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|---|----------------------------------|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Dilating Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic cardio-vascular renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of Lt Breast | | INTERVAL BETWEEN ONSET AND DEATH 30 min. several years 8 yr |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 442X | |

22. I hereby certify that I attended the deceased from **2**, 19**54**, to **2/25**, 19**54**, that I last saw the deceased alive on **2/25**, 19**54**, and that death occurred at **2:30** p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Erwin S. Leukins M.D. | | 23b. ADDRESS 752 Leavenworth | 23c. DATE SIGNED 2/26/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE March 1, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery | 24d. LOCATION (City, town, or county) (State) 7801 Genesta ave. |

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| DATE REC'D BY LOCAL REG. FEB 26 1954 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 781 S. Broadway |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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 this body is not embalmed, fact should be so stated above.