

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39040

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10633

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 da</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>			STREET ADDRESS (If rural give location) <u>7827 Vermont 2019</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle) _____	c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 18 1872</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months _____ Days _____
11. IF UNDER 4 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Hans Hads</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Paul</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Carl F. Hill</u>		ADDRESS <u>937 Forder Rd.</u>	
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) <u>Cerebral Embolus</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic endocarditis</u> DUE TO (c) _____ 5 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Femoral Embolus</u> 10 days				
19a. DATE OF OPERATION <u>11/22/55</u> <u>11/29/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerotic</u> <u>Amputation of left leg</u> <u>42.0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>Dec 2, 1955</u> , that I last saw the deceased alive on <u>Dec 2, 1955</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Samuel Street M.D.</u>		23b. ADDRESS <u>6006 Virginia Ave.</u>		23c. DATE SIGNED <u>12-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 5 1955</u>	REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOS. P. FENDLER JR.</u>		ADDRESS <u>7128 MICHIGAN</u>

S.P. (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.....
Signature of Student Embalmer

Signed *Clarence Richard*.....

Licensed Embalmer No. *30*.....

P. O. Address *7148 Me*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.