

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18617

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3532

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3532 | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) Res. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4985A Tholozan | | | | e. STREET ADDRESS (If rural, give location) 14 4985A Tholozan 21470 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Magdalene | | | b. (Middle) Schreiber | | | c. (Last) | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 4 8 56 | | 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | | | | | |
| 8. DATE OF BIRTH 4/11/1865 | | 9. AGE (In years last birthday) 90 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 24 HRS. Hours Min. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME Chas. Hufnagel | | 13b. MOTHER'S MAIDEN NAME Barbara Anstead | | | | | |
| 14. NAME OF HUSBAND OR WIFE Louis (deceased) | | | | 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'S SIGNATURE OR NAME Tom Grimes 4985A Tholozan | | | | ADDRESS | | | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, rt. ANTECEDENT CAUSES Arteriosclerosis general Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general DUE TO (c) congestive heart failure II. OTHER SIGNIFICANT CONDITIONS Congestive Heart Failure | | | | INTERVAL BETWEEN ONSET AND DEATH Apr 5 1956 Many years 1 yr | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 3324 | | | | 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 OF INJURY 4-6-56 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 27-50 | | 21f. HOW DID INJURY OCCUR? 4-8-56 | | | | | | | |
| 22. I hereby certify that I attended the deceased from June 27 1950, to April 8 1956, that I last saw the deceased alive on April 6 1956, and that death occurred at 9:29 a.m., from the cause and on the date stated above. 4-9-56 | | | | | | | | | | | |
| 23a. SIGNATURE Leland B. Wasto M.D. | | | | 23b. ADDRESS 4909 Lindenwood | | 23c. DATE SIGNED 4/9/56 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE 4/11/56 | | 24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | | | |
| DATE REC'D BY LOCAL REG. APR 9 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher 3013 Meramec | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

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..... *Jack Haupt*

Licensed Embalmer No. *479*

P. O. Address..... *Haupt*

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.