FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6790

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1376

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 15 LUTHERAN HOSPITAL — Length of stay in 1b: 2 DAYS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE: MISSOURI b. COUNTY: ST. LOUIS

c. CITY OR TOWN: LEMAY 4850 — Inside Limits: Yes X No ☐

d. STREET ADDRESS (If outside, give location): 27 2255 LEMAY FERRY ROAD — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First CARRIE Middle A. Last ZELLE

**4. DATE OF DEATH** Month FEB. Day 9 Year 1957

**5. SEX** 1 FEMALE

**6. COLOR OR RACE** WHITE

**7. MARRIED** ☐ **NEVER MARRIED** 3 ☐ **WIDOWED** X ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** JUNE 27, 1882

**9. AGE** (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

**10b. KIND OF BUSINESS OR INDUSTRY**: LUTHERAN HOSPITAL

**11. BIRTHPLACE** (City and state or country): 0 ST. LOUIS COUNTY, MISSOURI

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME**: WILLIAM HACKMANN

**14. MOTHER'S MAIDEN NAME**: MARY LOHAUS

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

**16. SOCIAL SECURITY NO.** 487 36 6101

**17. INFORMANT** Address: RUSSELL ZELLE 2255 LEMAY FERRY ROAD, LEMAY

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction — 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

**19. WAS AUTOPSY PERFORMED?** 1 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 a. 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 2/7/57 to 2/9/57 and last saw her/him alive on 2/9/57

Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Edward W. Gebruski (Degree or title) MD

**22b. ADDRESS** 370 Crandel Sq

**22c. DATE SIGNED** 2/9/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL

**23b. DATE** FEB. 13, 1957

**23c. NAME OF CEMETERY OR CREMATORY**: ST. TRINITY CEMETERY

**23d. LOCATION** (City, town, or county) (State): LEMAY, MISSOURI

**24. FUNERAL DIRECTOR AND ADDRESS**: C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.

**25. DATE RECD. BY LOCAL REG.** FEB 11 '57

**26. REGISTRAR'S SIGNATURE** Karl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Linus C. Hoffme

Licensed Embalmer No. 38

P. O. Address 7814 S.

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