

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

339333
STATE FILE NUMBER
7910
Registrar's No.

FILED SEP 16 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Lemay	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If outside, give location) 725 Zeiss ave.	

3. NAME OF DECEASED (Type or print) First Middle Last Hedvig ---- Niewoehner			4. DATE OF DEATH Month Day Year August 22 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1894,		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days 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 country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Richard C. Tisell			14. MOTHER'S MAIDEN NAME Elizabeth Dempsey			
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. 488-01-0661		17. INFORMANT Address Mrs. Ruth Luebbers 5527 a Minnesota ave.		

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) <i>Coronary Thrombosis</i>						1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <i>Cholecystectomy Aug 7 1957 420-1</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Aug 7 57</i> to <i>Aug 22 57</i> and last saw her alive on <i>Aug 22 1957</i> Death occurred at <i>11.10 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>B. J. Mc Lennan M. D.</i>		22b. ADDRESS <i>16 Hampton Yell Plaza</i>		22c. DATE SIGNED <i>8-22-57</i>		
23a. BURIAL OR CREMATION REMOVAL <input checked="" type="checkbox"/>		23b. DATE <i>Aug. 26, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Trinity Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>2000 Lemay Ferry Rd. Lemay, Mo.</i>
24. FUNERAL DIRECTOR <i>C. Hoffmeister Mortuaries</i> 7817 S. Broadway		25. DATE RECD. BY LOCAL REG. <i>AUG 23 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith m.d.</i> 3.0		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Levin C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 78148B

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.