

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008147
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Nursing Hm.		d. STREET ADDRESS (If outside, give location) 711 S. Kirkwood Rdy.	

3. NAME OF DECEASED (Type or print) First Eula Middle J. B. Last Duensing			4. DATE OF DEATH Month Feb. Day 6 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3 Days 2 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Rockport, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Bailey W. Hamilton	14. MOTHER'S MAIDEN NAME Susan Iglehart
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT St. Petersburg, Florida Katherine H. Terry, 800-23rd. Ave. N.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 7 yrs?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) unknown	
	DUE TO (c) unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) atypical virus pneumonia		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 12:01 Month, Day, Year Feb. 6, 1958	
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 Kirkwood, Mo. COUNTY Mo. STATE Mo.	

21. I attended the deceased from 3 Jan. 57 to 6 Feb. 58 and last saw her alive on 6 Feb. 58 Death occurred at 12:01 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. W. Bauer (Degree or title)	22b. ADDRESS 10 S. Kirkwood, Mo.
22c. DATE SIGNED 2-6-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/6/58	23c. NAME OF CEMETERY OR CREMATORY Sunset Hills Cemetery	23d. LOCATION (City, town, or county) (State) Rock Port, Indiana
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24. FUNERAL DIRECTOR Pfizinger Mortuary, Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG. 2/6/58	26. REGISTRAR'S SIGNATURE Herbert R. Dombrowski
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Doctor, coroner, etc. must use only standard notation for diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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 *Ben E. Hoffman*
Licensed Embalmer No. *450*

P. O. Address *St. Louis*

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.