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STATE OF MISSOURI }
 CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

OCT 19 1980

Garland H. Land

Garland H. Land
 State Registrar of Vital Statistics

FILED

MAY 1 1980 CERTIFICATE OF DEATH

124

STATE FILE NUMBER
 80 202626

REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTRAR'S NO.

VS 300
 Rev. 1-78
 DECEASED
 IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

1. DECEASED - NAME FIRST: Minnie, MIDDLE: C, LAST: Velten		2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) April 19, 1980
4. RACE (Indicate race) (Specify) White	5. AGE - Last Birthday (Yrs.) 88	6. UNDER 1 YEAR MO. DAY	7. UNDER 1 DAY HOURS MIN.
8. CITY, TOWN OR LOCATION OF DEATH St Louis		9. HOSPITAL OR OTHER INSTITUTION - Name (If not in other, give street and number) Lutheran Altenheim Nursing Home	
10. STATE OF BIRTH (If not in U.S.A. give country) Nebraska	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	13. SURVIVING SPOUSE (If wid. give maiden name) = = = = =
14. SOCIAL SECURITY NUMBER 495-28-9993A		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	16. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
17. RESIDENCE STATE Missouri	18. COUNTY = = = = =	19. CITY, TOWN OR LOCATION AND ZIP CODE St Louis 63118	20. KIND OF BUSINESS OR INDUSTRY At Home
21. FATHER - NAME (Type in First, Middle, Last) August H Unkauf	22. MOTHER - MAIDEN NAME (Type in First, Middle, Last) Friedaericka Utz	23. MAILING ADDRESS 5365 Kingspark Drive, St Louis, Missouri 63129	
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE Removal April 22, 1980		25. CEMETERY OR CREMATORY NAME St Trinity Cemetery	26. LOCATION CITY OR TOWN STATE St Louis County, Missouri
27. NAME OF SERVICE LICENSEE OF FUNERAL HOME ACTING AS SUCH (Type in Name) Richard G Hoffmeister		28. NAME OF FACILITY Hoffmeister - Beiderwieden	29. ADDRESS OF FACILITY 3620 Chippewa, St Louis, MO
30. REGISTRAR July 2, 1980		31. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 21 1980	
32. To the best of my knowledge, death occurred on the date, date and place and during the cause(s) stated. Signature and Title: A.C. PINEOM DATE SIGNED: 4-21-80		33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Signature and Title: A.C. PINEOM DATE SIGNED: 4-21-80	
34. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type in Name) HECTOR C PINEOM 4201 Hereford		35. MO. LICENSE NO. 3314	36. PLACE OF DEATH Inpatient
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III) I. Cardiac arrest II. Myocardial infarction III. Coronary atherosclerosis			
38. PART I - (If death occurred in a hospital, institution, or other place where a physician or other qualified person was present, the cause of death should be stated in this part.) NO			
39. PART II - (If death occurred in a hospital, institution, or other place where a physician or other qualified person was present, the cause of death should be stated in this part.) NO			

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40. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS?
 30. YES NO