S. No. 300
No. 10.48

FILED NOV 28 1949

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 37756

BIRTH NO. ____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 52

**1. PLACE OF DEATH**
a. COUNTY: St. Louis Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ceder Grove Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
d. STREET ADDRESS (If rural, give location): 2542 W. Dodier St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Catherine
b. (Middle): Eultgem
c. (Last): Eultgem

**4. DATE OF DEATH** (Month) 11 (Day) 10 (Year) 49

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single.
**8. DATE OF BIRTH**: 2-12-1866
**9. AGE** (In years last birthday): 83 — IF UNDER 1 YEAR: Months 8, Days 28, Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): nil
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St Louis Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Anton Eultgen
**13b. MOTHER'S MAIDEN NAME**: Gertrude Schoenborn
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): ____ (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: ____
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Clara, Musenbrock — **ADDRESS**: 2542 W Dodier

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic interstitial — INTERVAL BETWEEN ONSET AND DEATH: 6 mos +

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Senility with psychosis. — 422

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 11-2-49, 1949, *to* 11-10-, 1949, *that I last saw the deceased alive on* 11-9-, 1949, *and that death occurred at* 4:15 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Thomas A. Donnell (Degree or title) M.D.
**23b. ADDRESS**: DeSoto, Mo.
**23c. DATE SIGNED**: 11-11-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-14-49
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: Nov. 12-49
**REGISTRAR'S SIGNATURE**: Kathleen Marsden
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Goodhart & Goodhart 2228 St. Louis Av.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11/22/49

## 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 .....
Student Embalmer

Signed J. Wm Bunkley

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

**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 this body is not embalmed, fact should be so stated above.