

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26640

FILED JUL 31 1953

State File No.

318

1003

6160

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____							
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5837 Devonshire Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>5837 Devonshire Ave.</u>							
3. NAME OF DECEASED (Type or Print) <u>LOUISE</u>		a. (First)		b. (Middle)		c. (Last) <u>LOCATELL</u>					
4. DATE OF DEATH		(Month) <u>Jun.</u>		(Day) <u>19</u>		(Year) <u>1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March 11, 1865</u>					
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>					
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Adam Dutzi</u>		13b. MOTHER'S MAIDEN NAME <u>Chriscentia Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Late Louis Locatell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Locatell</u>		ADDRESS <u>5837 Devonshire Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-cranial hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u>hypertension</u>									
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>593x</u>							
22. I hereby certify that I attended the deceased from <u>5-16, 1953</u> , to <u>6-19, 1953</u> , that I last saw the deceased alive on <u>6-7-53</u> , 1953, and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>C. H. Plog M.D.</u>				(Degree or title)				23b. ADDRESS <u>3150 Morganford</u>		23c. DATE SIGNED <u>6/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>Jun. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>					
DATE REC'D BY LOCAL REG. <u>JUN 20 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>				ADDRESS <u>4228 S. Kingshighway Bl.</u>	

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

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 *William C. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *228th Street*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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