

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41526**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2970**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) 30 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 241 W. Adams Ave.		e. STREET ADDRESS (If rural, give location) 241 W. Adams Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) BLOSSOM b. (Middle) H. c. (Last) MURTFELDT		4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 26, 1887
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 19 Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) James town, N. Y.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Hawk		13b. MOTHER'S MAIDEN NAME Carribelle Thomson	
14. NAME OF HUSBAND OR WIFE (Ded'd) Frederick Murtfeldt		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. McCaskill ADDRESS Richmond Heights	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis. DUE TO (c) Carcinoma of bladder. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		181X	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1920 , to Nov 15, 1953 , that I last saw the deceased alive on Jan. 14, 1953 and that death occurred at 8 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. Edwards Smith M.D.		23b. ADDRESS Webster Brown, Mo.	23c. DATE SIGNED 11-15-53
24a. BURIAL/CREMATION/REMOVAL (Specify) Burial	24b. DATE 11/17/53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county); (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. 11/16/53	REGISTRAR'S SIGNATURE Robert B. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Papp, Inc. Kirkwood Mo.	

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.....
Ronald O. Yalunke

Licensed Embalmer No. *93917*

P. O. Address *St Louis*

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.