

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

10499

State File No. _____

FILED MAR 31 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2632**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis.		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: Missouri-Baptist Hosp.			e. STREET ADDRESS (If rural, give location) 4331 Strodtmann Place.		
3. NAME OF DECEASED (Type or Print) a. (First) AMELIA b. (Middle) VORTMEIER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Nov. 5, 1881	9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Mary's Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Francis Voelker		13b. MOTHER'S MAIDEN NAME Wilhelmina Brader	14. NAME OF HUSBAND OR WIFE (late) Fred Vortmeier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rose Cary, sister, 1183 Hamilton Ave.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma of stomach embolus to Right cerebral 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.			INTERVAL BETWEEN ONSET AND DEATH 14 12h
19a. DATE OF OPERATION 3-10-54	19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma stomach			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?		
22. I hereby certify that I attended the deceased from Jan 54, to Mar 22, 54, that I last saw the deceased alive on Mar 21, 54, and that death occurred at 4:47 AM., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. J. Ueda M.D.			23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 3-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 24th, 1954	24c. NAME OF CEMETERY OR CREMATORY Zion's Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles Rock Road St. L. County	
DATE REC'D BY LOCAL REG. MAR 23 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry Leidner Und. Co. 2223 St. Louis Ave. St. Louis Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *E. J. Penick*

Licensed Embalmer No. *4283*

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

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