

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29287**  
Registrar's No. **7638**

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5401 Rosa Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>22 2030a Rutger Ave.</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Julia</b>		Month (Day) (Year) <b>Aug. 15 1956</b>	
b. (Middle) <b>Catherine</b>			
c. (Last) <b>Waterland</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 31, 1871</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Lawrence Icebrenner</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Warren</b>	
14. NAME OF HUSBAND/OR WIFE <b>George Waterland</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss LaGretta Waterland</b>		ADDRESS <b>2030a Rutger St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Leukostasis @ Rt side hemiplegia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 yrs</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Ch. cordis nas. heart disease @ hypertension</b>	
DUE TO (c) <b>44 3x</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION <b>7-4-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>3:18</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		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 <b>7-4-56</b> , to <b>8-15-56</b> , that I last saw the deceased alive on <b>8-10-56</b> , and that death occurred at <b>9:05P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Carl Smith, M.D.</b> (Degree or title)		23b. ADDRESS <b>4523 S. Kingshighway</b>	
23c. DATE SIGNED <b>8-16-56</b>			
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>Aug. 18, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 17 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Horlmeister Colonial Mortuary</b>		ADDRESS <b>6164 Chippewa St., St. Louis, Mo.</b>	

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

Dr Oscar Pfeiffer  
King Highway of Rochester

FL 3-5422

4523 S. King Highway

1:30 pm 3:00 pm today

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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 *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Br...

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.