Health, Welfare Public Service

0812 5

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to naturalcauses.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015265
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James, Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home Length of stay in 1b 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY City
c. CITY OR TOWN St. Louis 2079 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5570 Flora Av. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Matilda Middle: Last: Weeke
4. DATE OF DEATH Month Day Year 4-5-58
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 3-21-1867
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gustave Schatzer
14. MOTHER'S MAIDEN NAME Minnie Ottman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Theo Weeke Address 5570 Flora St Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Degenerative Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443 X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-13-53 to 4-5-58 and last saw her ~~him~~ alive on 4-5-58
Death occurred at 11.25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Josef. Grosskreutz MD (Degree or title)
22b. ADDRESS St. James Mo
22c. DATE SIGNED 4-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-8-58
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) St. Louis, (Co.) Mo

24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W. Florissant St Louis Mo
25. DATE RECD. BY LOCAL REG. 4-5-1958
26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number 1019
Date Filed 4-15-58

APR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Me ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orell E. Lickliel

Licensed Embalmer No. 35

P. O. Address St. Jem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.