

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016626

STATE FILE NUMBER

FILED APR 25 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3041

300

1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3026 a Mt. Pleasant		Length of stay in lb 157		d. STREET ADDRESS (If outside, give location) 3026 a Mt. Pleasant	
3. NAME OF DECEASED (Type or print) First Irma Middle A. Last Wolter		4. DATE OF DEATH Month Day Year Mar. 11, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1894	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Addressographer		10b. KIND OF BUSINESS OR INDUSTRY Zollmann	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Karl Meyer		13b. MOTHER'S MAIDEN NAME Lucia Posch		14. NAME OF HUSBAND OR WIFE Fred (Deceased)	
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 Address Fred C. Meyer 4417 Pennsylvania		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chol. Meningitis</u> DUE TO (b) <u>Pneumonia Fever</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) <u>45X</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Feb 22, 1958</u> to <u>Mar 11, 1958</u> and last saw her alive on <u>Mar. 1, 1958</u> Death occurred at <u>apartment 5 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Andrew R. Cain, M.D.</u>			22b. ADDRESS <u>4632 So Grand</u>		22c. DATE SIGNED <u>4-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/15/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo. ✓
24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.			25. DATE RECD. BY LOCAL REG. MAR 17 '58	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> mrb	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Embalmer Allen
4632 So Grand
Fl. 3-9220

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 *Jack Haupt*
Licensed Embalmer No. *4746*
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.