Health, & Welfare Public Service

. 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 natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035140
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2372

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN MARLBOROUGH — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN MARLBOROUGH 4800 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7660 Watson Road — Length of stay in 1b 11 yrs	d. STREET ADDRESS (If outside, give location) 7660 Watson Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Katherine	Middle: NMN	Last: Willi	4. DATE OF DEATH	Month 9 Day 12 Year 1958
5. SEX: F 1	6. COLOR OR RACE: W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: 5-28-1870	9. AGE (In years last birthday): 88	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Switzerland 5	12. CITIZEN OF WHAT COUNTRY? Natl		
13. FATHER'S NAME: (unknown) Waldbogel	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mrs Margaret Zimmerman Marlbough.Mo	Address: 7660 Watson Rd		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gen arteriosclerosis
DUE TO (c) 4200

INTERVAL BETWEEN ONSET AND DEATH: mild

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 ☐ 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 1952, to 9/12/58 and last saw her/him alive on 9/11/58
Death occurred at 3:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gallan J Dyer	22b. ADDRESS: 3915 Watson Rd	22c. DATE SIGNED: 9/13/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9-15-1958	23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State): ST Louis Co. MO
24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa Street, St. Louis 9, Mo	25. DATE RECD. BY LOCAL REG.: 9-13-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4 7

P. O. Address St. Lou

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.