THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019794
STATE FILE NUMBER
2.4547

FILED MAY 22 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ANTHONY'S HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4145 ALMA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MATILDA Middle Last WITTHAUS
4. DATE OF DEATH: Month MAY Day 6 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: AUG 14, 1889
9. AGE (In years last birthday): 69 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES W KALTWASSER
14. MOTHER'S MAIDEN NAME: AMELIA KOLB
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: WALTER WITTHAUS Address: 4145 ALMA

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) Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 years
DUE TO (c) Pulmonary Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 525X
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.): None
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 4-21-49 to 5-6-59 and last saw her alive on 5-6-59
Death occurred at 8:45P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles C. Dwyer M.D. (Degree or title)
22b. ADDRESS: 19 E. Lockwood Ave., Webster Groves 19, Missouri.
22c. DATE SIGNED: 5-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 5/9/1959
23c. NAME OF CEMETERY OR CREMATORY: BETHANY CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS, Co, Mo.
24. FUNERAL DIRECTOR: J L ZIEGENHEIN & SONS ADDRESS: 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG.: MAY 9 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 38

P. O. Address 7027 G

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.