

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-042961**

**FILED VS DEC 3 1959 317**

STATE FILE NUMBER

UNRECORDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3167

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis Po.</b>		Length of stay in 1b <b>mons.</b>	c. CITY OR TOWN <b>UNION</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ROCK HILL REST HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>500 WASHINGTON AVE.</b>
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>HENRIETTA</b> Last <b>WINKELMEYER</b>		4. DATE OF DEATH Month <b>NOV.</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 15, 1869</b>
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WIFE</b>	11. BIRTHPLACE (City and state or country) <b>UNION, MO.</b>
10c. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN MARTIN VEDDER</b>	
13b. MOTHER'S MAIDEN NAME <b>MERIA KRAMPE</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MISS EDNA WINKELMEYER UNION, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b> DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>		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 <b>Aug 25, 1959</b> to <b>Nov 27, 1959</b> and last saw her <sup>him</sup> alive on <b>Nov 23, 1959</b> Death occurred at <b>10:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>G. J. Merklin M.D.</b>		22b. ADDRESS <b>3707 Potomac</b>	22c. DATE SIGNED <b>11-30-59</b>
23. FUNERAL HOME (Name) <b>OLTMANN FUNERAL HOME</b>	23b. DATE <b>NOV. 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>UNION MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>OLTMANN FUNERAL HOME UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-30-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy MD</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 9 1959

**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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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.