

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

**-60-025124**  
STATE FILE NUMBER

FILED VS JUL 15 1960 318 1003 6488  
Primary Registration District No. Registrar's No.

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                  | Length of stay in 1b<br><b>10 years</b> | c. CITY OR TOWN <b>St. Louis</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5306a Queens Ave</b> |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>5306a Queens</b>                 |

|  |                                  |   |   |  |                                |  |
|--|----------------------------------|---|---|--|--------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>HILDEGARDE MARIE WOLTERING</b>                  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 23 1960</b> |  |                                |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/26/1900</b>                      | 9. AGE (last birthday)<br><b>60 years</b>                                | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min.                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Organist</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> |                                | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
| 13a. FATHER'S NAME<br><b>William Woltering</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Gebauer</b>  |   | 14. NAME OF HUSBAND OR WIFE  |                                |  |

|   |   |   |         |
|---|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>489-34-1626</b> | 17. INFORMANT<br><b>Regina Woltering - 5306a Queens Ave</b> | Address |
|---|---|---|---------|

|  |                        |  |
|--|------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma left breast with metastases</b> |                        | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b)             |  |
|  | DUE TO (c) <b>170x</b> |  |

|   |  |   |  |
|---|--|---|--|
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|---|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   |   |  |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 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 **Jan 28 - 1957** and last saw her **June 23 - 1960** alive on **June 23 - 1960**.  
Death occurred at **9 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |                                       |                                    |
|---|-------------------|---------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>John G McJainey MD</b> | (Degree or title) | 22b. ADDRESS<br><b>5014 Phella dr</b> | 22c. DATE SIGNED<br><b>6/24/60</b> |
|---|-------------------|---------------------------------------|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>June 27, 1960</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis Missouri</b> |
|--|-----------------------------------|---|--|

|  |         |  |  |
|--|---------|--|--|
| 24. FUNERAL DIRECTOR<br><b>BUCHHOLZ MORTUARY - 5967 W. Florissant Av</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 27 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b> |
|--|---------|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wilfred W. Buckner

Licensed Embalmer No. 4951

P. O. Address St. Louis

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