# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-004121

FILED VS FEB 6 1961

AMENDED ✓

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 178

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn
Length of stay in 1b: 6mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shamrock Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN ~~Pine Lawn~~ St. Louis ~~County~~
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3222 SALISBURY ~~3709 Manola~~
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MINNIE Middle L Last MOODESTAW
4. DATE OF DEATH: Month Jan Day 18 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/25/1872
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: At Home
11. BIRTHPLACE (City and state or country): Venedy, Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gerhardt Brockschmidt
13b. MOTHER'S MAIDEN NAME: Anna Massmer
14. NAME OF HUSBAND OR WIFE: John Moodestaw
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.: none
17. INFORMANT: Mr. Roy Moodestaw Address: 9916 Coventry Lane

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 — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Aug 3, 1960 to Jan 18, 1961 and last saw her/him alive on 1-16-61
Death occurred at 10:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Lettmann (Degree or title) MD
22b. ADDRESS 8231 Clayton Rd (17)
22c. DATE SIGNED 1/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Western Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H. INC, ADDRESS: 1936 ST. LOUIS AVE
25. DATE RECD. BY LOCAL REG.: 1-19-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

**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 Homer H. Dritz

Licensed Embalmer No. 3882

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.