

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED **FILED JUN 2 1961** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4648** -61-019652 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Length of stay in 1b <b>5 days</b>	c. CITY OR TOWN <b>Waterloo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>608 So. Church Street</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LEONA</b> Middle <b>F.</b> Last <b>WOLTER</b>	4. DATE OF DEATH Month <b>May</b> Day <b>15</b> Year <b>1961</b>
---	---

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/28/1908</b>	9. AGE (last birthday) <b>52</b>	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) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Arlington, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
---	---	--	---

13a. FATHER'S NAME <b>Herman Scheer</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Jacob</b>	14. NAME OF HUSBAND OR WIFE <b>George M. Wolter</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. ---	17. INFORMANT <b>608 So. Church Street George M. Wolter, Waterloo, Illinois</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>Carcinoma of Right Breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
DUE TO (b) <b>with metastases to Bones</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. <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 a.m. p.m.	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 **9-8-60** to **5-15-61** and last saw her **live on 5-15-61**  
Death occurred at **8:54 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Theo H. Hammer M.D.</b>	(Degree or title)	22b. ADDRESS <b>3701 GRANDER SQ.</b>	22c. DATE SIGNED <b>5/16/61</b>
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>May 17, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) <b>Arlington, Nebraska</b>
---	----------------------------------	---	---

24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</b>	25. DATE RECD. BY LOCAL REG. <b>MAY 17 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
---	--	--

DATE REVISED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. Theo. Hanser  
3701 Grandel Sq.  
1-4 pm

**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 *Dana [Signature]*

Licensed Embalmer No. 4520  
P. O. Address *[Signature]*

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.