5. No. 300
7. 10.48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18282

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4220

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 5203 Maffit Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Cora Edna
b. (Middle): Edna
c. (Last): Hotze

4. DATE OF DEATH (Month) (Day) (Year): May 8 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 8 1883
9. AGE (In years last birthday): 66
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): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Meridian Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Filkins
13b. MOTHER'S MAIDEN NAME: Sarah Westerfall
14. NAME OF HUSBAND OR WIFE: Sylvester Hotze
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.: no
17. INFORMANT'S SIGNATURE OR NAME: Dr. Sylvester Hotze, 7141 W. Floriss
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:55 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5.10.50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 5/11/50
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. MAY 10 1950
REGISTRAR'S SIGNATURE: J. B. Lancaster
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

CORONER

mil

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 .....
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353K

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.