

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27049

FILED AUG 12 1953

State File No.

318

1003

Registrar's No. 6377

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>UNIVERSITY CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8517 KEMPLAND PL.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard E.</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Woltjen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 53</u>		
5. SEX <u>M. C.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-16-1879</u>		9. AGE (In years last birthday) <u>73</u> 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) <u>MACHINIST - DAISY MFG. CO.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CINN. OHIO</u>			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>DIEDRICH WOLTJEN</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>MAHALA C. WOLTJEN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>490-05-083</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAHALA C. WOLTJEN 8517 KEMPLAND</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Monocytic Leukemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? <u>2042</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>6-13</u> , 1953, to <u>6-25</u> , 1953, that I last saw the deceased alive on <u>6-25</u> , 1953, and that death occurred at <u>8:20 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>JR Bradley M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>			23c. DATE SIGNED <u>6-25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL (MTR)</u>		24b. DATE <u>6-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>		24d. LOCATION (City, town, or county) (State) <u>GRUBVILLE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 26 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MAKRIEGSHAUSER 4228 SKINGSHIGHWAY</u>				

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

DEC 20 1955

JAN 30 1956

NOV 22 1955

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..... *Richard W. Stovessand*

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.