S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41362

BIRTH NO. FILED DEC 10 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11069

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rock Township 0500
d. STREET ADDRESS (If rural, give location) near Maxville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH
b. (Middle) WELDELE
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1953

5. SEX E.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 21, 1870
9. AGE (In years last birthday) 82 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Christ Grimm
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Joseph (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 486-28-7836
17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Klahs — ADDRESS Arnold, Mo.

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) Fracture Rt Hip.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Maxville — (COUNTY) St Louis — (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-14-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pt fell at Home E 904

22. *I hereby certify that I attended the deceased from* 11-14-53, 19__, *to* 11-20, 1953, *that I last saw the deceased alive on* 11-20-53, 19__, *and that death occurred at* noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Stanley M Lydig
23b. ADDRESS 1 Hampton Village 400
23c. DATE SIGNED 11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 23, 53
24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cem.
24d. LOCATION (City, town, or county) (State) Arnold, Mo.

DATE REC'D BY LOCAL REG. NOV 23 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home — ADDRESS Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2465

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 Albert Maxfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.