

No. 300
10-48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35016

State File No. _____
Registrar's No. 24

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 646

0920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural- Callaway		c. CITY (If outside corporate limits, write RURAL and give township) Rural- Callaway	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) 1 Mo. 8 miles South of Foristell, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles South of Foristell		d. STREET ADDRESS (If rural, give location) 1 Mo. 8 miles South of Foristell, MO	
3. NAME OF DECEASED a. (First) Ella b. (Middle) Louise c. (Last) Goltermann			4. DATE OF DEATH (Month) (Day) (Year) September 22, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 22, 1884
9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months 7	11. UNDER 2 HRS. Hours 7	12. UNDER 4 HRS. Hours 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Charles Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Sudbrock	
13b. MOTHER'S MAIDEN NAME Borgelt		14. NAME OF HUSBAND OR WIFE Charles Goltermann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Carol Mathis, Dalmyra Missouri
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extremely nervous	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Mar 3, 1954 to Sept 22, 1954 , that I last saw the deceased alive on Sept 22, 1954 and that death occurred at 8:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS Wentville, Mo	
23c. DATE SIGNED 9/24/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Wright City, Cemetery	
24d. LOCATION (City, town, or county) (State) Wright City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
DATE REC'D BY LOCAL REG. Sept 28 1954		REGISTRAR'S SIGNATURE [Signature]	
FURNAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Wentville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 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
Student Embalmer

Signed Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.