

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39724

| | | | | | | | |
|---|-------------------------------|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2445</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Normandy Village</u>) | | | c. LENGTH OF STAY (in this place) <u>7 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy Village 171</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Convent of Immaculate Heart</u> | | | | d. STREET ADDRESS (If rural, give location) <u>7626 Natural Bridge Rd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Marie</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>Koterba</u> | |
| | | 4. DATE OF DEATH | | (Month) (Day) (Year) | | <u>Oct. 18, 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 13, 1876</u> | | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hour Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Dietz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Theresa Kuntz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm. O. Koterba</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Dietz - 1424 Dolman St.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> | | | | | 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) <u>HYPERTENSION</u> DUE TO (c) <u>OBESITY</u> | | | | | |
| | | 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 <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) m. | | 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 <u>SEPT 7, 1954</u> , to <u>OCT 18, 1954</u> , that I last saw the deceased alive on <u>OCT 15, 1954</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Carl W. Lanius M.D.</u> | | | 23b. ADDRESS <u>3731 GODFELLOW, BLVD.</u> | | | 23c. DATE SIGNED <u>10/21/54</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Oct. 22, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Ceme.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-20-54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stacker - Hellerle - 3634 Gravois Ave.</u> | | | |

520 (Licensed Embalmer's Statement on Reverse Side)

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 _____

Frank J. Hyland
Licensed Embalmer No. *2670*
P. O. Address *St Louis, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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