

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2205

State File No. _____
Registrar's No. 39

FILED JAN 17 1955

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <u>St Charles Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles Mo</u>		c. CITY OR TOWN <u>Augusta Mo</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0920</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>HOTMER</u> c. (Last) <u>HOTMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 - 1955</u>		
5. SEX <u>F. /</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>June 23 - 1870</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. /</u>					

13a. FATHER'S NAME <u>Herman Willesbroink</u>		13b. MOTHER'S MAIDEN NAME <u>Rolfe</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eugene Beecham</u> ADDRESS <u>Augusta Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral arteriosclerosis</u>		Determined	
DUE TO (c) <u>Senility</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)		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 Jan 10, 1955, to Jan 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene J. Canty</u> (Degree or title) <u>Ch.D.</u>		23b. ADDRESS <u>Dr. Canty, Mo</u>		23c. DATE SIGNED <u>Jan 13, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Vincent</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Mary Margaret Wentz</u> ADDRESS <u>710</u>			
DATE REC'D BY LOCAL REG. <u>Jan 14 - 1955</u>		REGISTRAR'S SIGNATURE <u>Franice Hamelton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Mary Margaret Wentz</u> ADDRESS <u>710</u>	

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

SEP 6 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 *Morris Muehberg*

Licensed Embalmer No. *246*

P. O. Address *Wentzville*

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.