

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1955

State File No. 38606  
10223

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY St. Louis  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. c. LENGTH OF STAY (in this place) 30 yrs  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5165 Cates Ave.  
e. STREET ADDRESS (If rural, give location) 5165 Cates Ave.

3. NAME OF DECEASED  
a. (First) AMELIA b. (Middle) CATHERINE c. (Last) MATHEIS  
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  
8. DATE OF BIRTH Mar. 6, 1867 9. AGE (in years last birthday) 88 10. UNDER 1 YEAR Months 8 11. UNDER 1 YEAR Days 21 12. UNDER 24 HRS. Hours 10 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil. 10b. KIND OF BUSINESS OR INDUSTRY Not Employed  
11. BIRTHPLACE (City and State or Foreign Country) Pevely, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Valentine Matheis 13b. MOTHER'S MAIDEN NAME Elizabeth (Unknown) 14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. F. Westermann ADDRESS 5165 Cates St.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION St. Louis, Mo. INTERVAL BETWEEN ONSET AND DEATH 6 months  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Heart Disease  
ANTECEDENT CAUSES DUE TO (b) Essential Hypertension 5 years  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
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 420.0 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May, 1950 to Nov, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title) 23b. ADDRESS 539 N. Grand 23c. DATE SIGNED 11/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 21, 55 24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran 24d. LOCATION (City, town, or county) (State) Pevely, Mo.

DATE REC'D BY LOCAL REG. NOV 23 1955 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Heiligttag Funeral Home ADDRESS Imperial, Mo.

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

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.....  
*Arthur W. Heiligtag*

Licensed Embalmer No. *387*

P. O. Address *Frederick*

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.