

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43094**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2881	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission).			
a. COUNTY St Louis		a. STATE Mo		b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Johns		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN St Johns		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rugh Manor				STREET ADDRESS (If rural, give location) 3226 Eminence			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Tillie		b. (Middle) Wotrobeck		c. (Last) _____		Date: (Month) (Day) (Year) Dec 10 1955	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Dec 15 1866	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Cottleville	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (Unk) Wotrobeck		13b. MOTHER'S MAIDEN NAME (Unk)		14. NAME OF HUSBAND OR WIFE None	
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 ADDRESS Harriet Matthews 8931 Lackland			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I.-DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pericarditis					
		ANTECEDENT CAUSES DUE TO (b) acute gastritis				1 day	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS 416x					
		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 Jan 19 1954 , to Dec 9 1955 , that I last saw the deceased alive on Dec 9 1955 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) N.A. Schumacher MD				23b. ADDRESS 8863 Pender		23c. DATE SIGNED Dec 10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/12/55		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St Louis Co., Mo	
DATE REC'D BY LOCAL REG. 12-11-55		REGISTRAR'S SIGNATURE Herbert R. Romber MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo Ortmann F Home 9222 Lackland Overl			

28. (Licensed Embalmer's Statement on Reverse Side)

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: *Al. C. Ortmann*.....

Licensed Embalmer No. *347*

P. O. Address.....

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.