

FILED APR 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15161

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 926

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY Rural-Meramec Twsp. c. LENGTH OF STAY 53 Yrs. 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Rural-Meramec d. Is Residence within limits of a city or incorporated town? No

3. NAME OF DECEASED a. (First) Annie b. (Middle) Mottert c. (Last) Mottert 4. DATE OF DEATH April 4 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH March 28 1877 9. AGE 79

10a. USUAL OCCUPATION housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE Franklin Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Kajewicz 13b. MOTHER'S MAIDEN NAME Julia Krueger 14. NAME OF HUSBAND OR WIFE Ernest Mottert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Ernest Mottert ADDRESS Rt 1, Glencoe, Mo.

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardiac Decompensation 2. INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS ANTECEDENT CAUSES DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE DUE TO (c) GENERALIZED ARTERIO-SCLEROSIS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. CITY, TOWN, OR TOWNSHIP 4200 (COUNTY) (STATE)

21d. TIME OF INJURY 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 3-15, 1956, to 4-3, 1956, that I last saw the deceased alive on 4-3, 1956, and that death occurred at 3:32 P.M., from the causes and on the date stated above.

23a. SIGNATURE Del M. Blauvelt M.D. 23b. ADDRESS Ballwin, Mo. 23c. DATE SIGNED 4-5-56

24a. BURIAL CREMATION REMOVAL Burial 24b. DATE 4-7-56 24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery 24d. LOCATION Pond Mo.

DATE REC'D BY LOCAL REG. 4/6/56 REGISTRAR'S SIGNATURE Herbert R. Homberg 25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home ADDRESS Ballwin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

VS
APR 28 1959

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.....
Richard Bopp

Licensed Embalmer No. *458*

P. O. Address *Ballwin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.