

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1956

25480

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 1775

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OVERLAND Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN VALMEYER 4120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9822 EAST BROOKDA Length of stay in 1b 2 MOS		d. STREET ADDRESS (If outside, give location) Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALEIDA Middle [REDACTED] Last HUTTER		4. DATE OF DEATH Month JULY Day 23 Year 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 1, 1882
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 4 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEAUTICIAN		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) RHONELAND MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HENRY P. KOCH	
14. MOTHER'S MAIDEN NAME KATHERINE BREUNLING		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. 330-12-32748		17. INFORMANT Address Katherine M. McElaine Valmeyer	
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterus, with pulmonary & cerebral metastases - DUE TO (b) 174x DUE TO (c) 173x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 12:03 Month 7 Day 24 Year 1956	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION WATERLOO COUNTY ILLINOIS STATE ILLINOIS		21. I attended the deceased from 6/1/56 to 7/24/56 and last saw him alive on 7/21/56 . Death occurred at 12:03 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Quest T. Rouse MD		22b. ADDRESS 100 N. Euclid	
22c. DATE SIGNED 7/24/56		23a. NAME OF CEMETERY OR CREMATORY WATERLOO CITY	
23b. LOCATION (City, town, or county) WATERLOO STATE ILLINOIS		23c. DATE RECD. BY LOCAL REG. 7-24-56	
23d. FUNERAL DIRECTOR Emil Quernheim ADDRESS WATERLOO, ILL		23e. REGISTRAR'S SIGNATURE Herbert A. Doule MD	

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 *Ben H. Bald*.....

Licensed Embalmer No. *24*

P. O. Address *E. H. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.