

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30189

STATE FILE NUMBER

FILED AUG 30 1957

318

1003

6952

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City 4346	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Convalesc. Medical Center		d. STREET ADDRESS 7312 Lindell	
3. NAME OF DECEASED (Type or print) First WILHELMINA Middle ALBATT Last WINTER		4. DATE OF DEATH July 24, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 16, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87
13. FATHER'S NAME John Albatt		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. J. K. Botts, 7312 Lindell	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic hypertensive CV disease DUE TO (b) Cordis decomposition death DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Semioty 4.43x			INTERVAL BETWEEN ONSET AND DEATH 10 yr. 1 month.
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 COUNTY STATE
21. I attended the deceased from April 1964 to 7-24-57 and last saw her alive on 7-12-57 Death occurred at 2:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. F. Weyrich (Degree or title) MD		22b. ADDRESS 8321 N Broadway	22c. DATE SIGNED 7-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-27-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 25 57	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be carefully related

Dr. Weyerich
152 Linden
at. 10 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *jos. E. McCulloch*
Licensed Embalmer No. *28*

P. O. Address *61752*

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.