

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30482

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1996

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, give TOWNSHIP only) OR TOWN BELLEFONTAINE NEIGHBORS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELLEFONTAINE NEIGHBORS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1150 Waldorf Dr.			Length of stay in lb 6 yrs.		d. STREET ADDRESS 1150 Waldorf Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MATHILDA				First --- Middle --- Last TELTHORST		4. DATE OF DEATH AUGUST 9, 1957.		Month AUGUST Day 9 Year 1957.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 2, 1880.		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months --- Days --- Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME HENRY MENKE				14. MOTHER'S MAIDEN NAME ANNA GREVE					
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. 488-03-4859		17. INFORMANT Address Mr. Roy Telthorst, 1150 Waldorf Dr.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Dis		DUE TO (c)		Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200								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 --- Month, Day, Year a. m. --- p. m. ---									
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 1956 to 1957 and last saw her ^{her} him alive on May 7, 1957 Death occurred at 4:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Dr. Leonard M.D. (Degree or title)				22b. ADDRESS 2801 N. Taylor				22c. DATE SIGNED 8-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/12/57.	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY			23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.			
24. FUNERAL DIRECTOR CALVIN F. REUTZ FUNERAL HOME, INC. ADDRESS 4828 Natural Bridge Blvd., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. 8-12-57		26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. esc			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be filed in the office of the registrar of deaths in the county where the death occurred. It may be casually related. Coroner cannot certify to a death.

(Licensed Embalmer's Statement on Reverse Side)

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 *Ralph C. Linder*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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.