

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45989

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **12418**

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 40 Hrs	d. STREET ADDRESS (If outside, give location) 26th 1520 Montgomery		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTHA Middle Last JUTZE			4. DATE OF DEATH Month DECEMBER Day 25 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 May 1, 1898	9. AGE (In years) 59	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 ownhome	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Heemann		13b. MOTHER'S MAIDEN NAME Katherine (Unknown)		14. NAME OF HUSBAND OR WIFE William Jutze	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Katherine Mirth 7044 Beulah	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF GALLBLADDER					INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH related to the terminal disease condition given in PART I (a) DIABETES MELLITUS					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 155.2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 December 16, 1957 to 12-25-57 and last saw her alive on December 25, 1957 . Death occurred at 8:39 a.m. 12-25-57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Daniel J. Grubbally M.D. (Degree or title)			22b. ADDRESS 1515 LAFAYETTE, ST. LOUIS		22c. DATE SIGNED 12-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county), (State) St. Louis, County, Missouri
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC.		ADDRESS 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. DEC 26 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD m 876

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lawrence J. Hall*

Licensed Embalmer No. 4520
P. O. Address *A. Lewis*

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.