

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3005

STATE FILE NUMBER

FILED JAN 17 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **200**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>St. Louis</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital.</b> Length of stay in lb <b>52 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>2538 Montgomery St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>Louise</b> Last <b>Harms</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>5</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 3, 1878</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ownhome</b>	11. BIRTHPLACE (City and state or country) <b>Brighton Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13. FATHER'S NAME <b>Conrad Bettendorf</b>		14. MOTHER'S MAIDEN NAME <b>Anna Harnish</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Betty Heytmann</b>		Address <b>2538 Montgomery St.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gangrene of large &amp; small bowel</b> <b>Embolism of large &amp; small bowel</b> <b>clot in aorta</b> DUE TO (b) <b>Clotted aorta</b> <b>embolus sup mesenteric artery</b> DUE TO (c) <b>embolus superior mesenteric artery</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24</b> <b>48 hrs</b> <b>48 -</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>570.2</b>			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.) <b>570.2</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Jerserville</b> COUNTY <b>Illinois</b> STATE	

21. I attended the deceased from <b>Jan 5</b> to <b>Jan 5</b> and last saw her <b>alive on Jan 5th</b> Death occurred at <b>11:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Hy. Thym</b>	22b. ADDRESS <b>508 N. Grand</b>	22c. DATE SIGNED <b>Jan 7</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal * Motor 1/9/58</b>	23b. DATE <b>1/9/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jerserville Illinois</b>
24. FUNERAL DIRECTOR <b>Calvin F. Feutz Funeral Home</b> 4828 Natural Bridge Blvd. St. Louis Mo.		25. DATE RECD. BY LOCAL REG. <b>JAN 8 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
300 1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John A. Miller*..... Licensed Embalmer No. *411*

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.