

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009423

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u> 036	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <u>St. Francis Hosp. 5 wks</u>		d. STREET ADDRESS (If outside, give location) <u>RR 2</u>	

3. NAME OF DECEASED (Type or print) <u>Catherine C. Longsdon</u>			4. DATE OF DEATH <u>March 29, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 27, 1914</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>10</u> Days <u>2</u> Hours <u>2</u> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Luedloff</u>				14. MOTHER'S M maiden NAME <u>Catherine Fitzinger</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>John W. Longsdon, Washington, Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism, post operative</u>			INTERVAL BETWEEN ONSET AND DEATH		
DUPLICATE TO (b) <u>Biliary obstruction</u>			<u>3 mos</u>		
DUPLICATE TO (c) <u>586X</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					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 <u>2</u> Month, Day, Year a. m. <u>12:55 P.</u> 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 <u>2 June 1952</u> to <u>29 Mar 58</u> and last saw <u>her</u> alive on <u>29 Mar 58</u> Death occurred at <u>12:55 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. Bozzo, MD</u>		22b. ADDRESS <u>Washington, Mo.</u>		22c. DATE SIGNED <u>31 Mar 58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr 1, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Heiburg &amp; Vitt, Inc., Washington, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>4/1/58</u>		26. REGISTRAR'S SIGNATURE <u>F. J. Hulman, F. J. Hulman</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only Standard nomenclature in item 18. 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.

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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 *Lester A. Witt*.....

Licensed Embalmer No. *322*

P. O. Address *Washington*

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.