

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011580
State File No.

FILED MAR 19 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2660**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis** c. LENGTH OF STAY (in this place) **3 days**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **DePaul Hospital**
STREET ADDRESS (If rural, give location) **1522 Grape**

3. NAME OF DECEASED (Type or Print) a. (First) **Matilda** b. (Middle) _____ c. (Last) **Emendorf**
4. DATE OF DEATH (Month) (Day) (Year) **March 3 1958**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Nov. 26 1882** 9. AGE (In years last birthday) **75** 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) **housework** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Peter S. O'Connell** 13b. MOTHER'S MAIDEN NAME **Hester Stewart** 14. NAME OF HUSBAND OR WIFE **Adolph J. Emendorf**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **499 34 3661** 17. INFORMANT'S SIGNATURE OR NAME **Gertrude Stein** ADDRESS **8780 Goodfellow Blvd.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **intestinal obstruction (sigmoid)**
with general peritonitis
ANTECEDENT CAUSES **with general peritonitis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Chronic myocarditis**
19. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **intestinal obstruction - sigmoid with evidence of general peritonitis** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-28, 1958**, to **3-3, 1958**, that I last saw the deceased alive on **3-3, 1958**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Eugene O'Malley** (Degree or title) _____ 23b. ADDRESS **634 No. Grand** 23c. DATE SIGNED **3-1-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **3/6/58** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **MAR 5 58** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Buchholz Mortuary** ADDRESS **5967 W. Florissant Ave.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Wilfred Bueckler*

Licensed Embalmer No. *453*

P. O. Address *St. Paul*

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.