

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020549

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1497

S. 300  
1-57

4000  
4

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Manchester</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Eureka</i> 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <i>Manchester Nursing</i> INSTITUTION <i>104 no.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>Local</i>
3. NAME OF DECEASED First <i>Mahilda</i> Middle <i>Hornet</i> Last <i>Mottert</i>			4. DATE OF DEATH Month <i>June</i> Day <i>2</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 22, 1866</i>
9. AGE (In years last birthday) <i>91</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>housewife</i>
11. BIRTHPLACE (City and state or country) <i>Allenton Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Francis Kuehner</i>		13b. MOTHER'S MAIDEN NAME <i>Christine Hornet</i>	14. NAME OF HUSBAND OR WIFE <i>UNK.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Reinhold Mottert - Eureka Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis</i> DUE TO (b) <i>sanility</i> DUE TO (c) <i>4500</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>			INTERVAL BETWEEN ONSET AND DEATH
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.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <i>May 1, 1957</i> to <i>June 2, 1958</i> and last saw <sup>her</sup> alive on <i>June 1, 1958</i> Death occurred at <i>8:55 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>B. R. Loving, M.D.</i>		22b. ADDRESS <i>Ballwin, Mo.</i>	22c. DATE SIGNED <i>June 4, 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>June 4 '58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Pacific Mo</i>
24. FUNERAL DIRECTOR <i>Mrs. John L. Thube, Pacific Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-4-58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert P. Donko M.D.</i>

(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 Ottmann* .....

Licensed Embalmer No. *4808* .....

P. O. Address *Union, Mo* .....

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.