

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034160
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8801

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 RUTH. ALTENHEIM		Length of stay in lb 10 YRS 2089	d. STREET ADDRESS 8721 HALLS FERRY RD (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH A. DUCKWORTH			4. DATE OF DEATH SEPT. 11 1958 Month Day Year
5. SEX FEMALE 1	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 16 1877
9. AGE (In years last birthday) 80 yr		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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. CHARLES MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DIEDERICH BOEDEKER	
13b. MOTHER'S MAIDEN NAME MARY DUERFIELD		14. NAME OF HUSBAND OR WIFE EDWARD W. DUCKWORTH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <input type="checkbox"/> dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mr. E. PIEHL Address 8721 HALLS FERRY RD.
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>Generalized arteriosclerotic heart disease</i> 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 but not related to the terminal disease condition given in PART I (a) 420.0			INTERVAL BETWEEN ONSET AND DEATH 1 yr 4 mo
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	
20d. INJURY OCCURRED WHILE AT <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>1948</u> to <u>Sept. 1958</u> and last saw her <u>Aug 21-58</u> alive on _____ Death occurred at _____ am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lola O Morris</i> (Degree or title) M.D.		22b. ADDRESS 8209 E 9 Broadway	
22c. DATE SIGNED 9/11/58		23. LOCATION (City, town, or county) (State) ST. CHARLES MISSOURI	
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE SEPT 13 1958	
23c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY		23d. LOCATION (City, town, or county) (State) ST. CHARLES MISSOURI	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE		25. DATE RECD. BY LOCAL REG. SEP 12 '58	
26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> M & B			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

... to symptoms will be listed.

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 _____

Licensed Embalmer No. 4520
P. O. Address Alamo

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.