

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046023

STATE FILE NUMBER  
12302

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

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
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN CONV. HOME		Length of stay in 1b 8yr 5 mo	d. STREET ADDRESS (If outside, give location) 3835 So. SPRING
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last AMELIA MARKWORTH			4. DATE OF DEATH Month Day Year DEC 18 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 10 1870
9. AGE (In years last birthday) 88 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) NEWBURG, WISCONSIN
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME H. MOLDENHAUER		13b. MOTHER'S MAIDEN NAME UNKNOWN PRACHT	14. NAME OF HUSBAND OR WIFE REV. HENRY MARKWORTH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or unknown) (If yes, state branch and service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MISS LORNA MARKWORTH Address 4425a Rosa Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL ARTERIO SCLEROSIS DUE TO (b) GENERALIZED ARTERIO SCLEROSIS DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 12/20/58			INTERVAL BETWEEN ONSET AND DEATH 42 ABS YEARS
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.			
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 JUNE 1950 to DEC 18, 1958 and last saw her alive on DEC 5, 1958 Death occurred at 8:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Dawson M.D.		Degree or title	22b. ADDRESS 5203 Chippewa
22c. DATE SIGNED 12/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 20 1958	23c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MISSOURI
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC 1936 St. Louis ave		25. DATE RECD. BY LOCAL REG. DEC 20 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2-4 PM

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 Homer M. Jintz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.