Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011871
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 937

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN ~~Winchester~~ MANCHESTER — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester Nursing Home — Length of stay in Ib 6 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Rural Meramec Twsp. — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Highway T — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Ernest Middle: Last: Mottert

4. DATE OF DEATH Month: April Day: 5 Year: 1959

5. SEX male **6. COLOR OR RACE** white **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Aug 1 1872 **9. AGE** (In years on last birthday) 86 — 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) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** own farm **11. BIRTHPLACE** (City and state or country) Franklin Co., Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Charles Mottert **13b. MOTHER'S MAIDEN NAME** Emma Mucher **14. NAME OF HUSBAND OR WIFE** Annie Mottert

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.** 494 42 7171 **17. INFORMANT** Mrs. Edw Schott, Glencoe, Missouri — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy — Dont Know
DUE TO (c) Arterio-sclerosis — Dont Know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **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 Nov. 26, 58, to April 2, 59 and last saw her alive on April 2, 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph W. Laffey (Degree of title) MD **22b. ADDRESS** Box 122, Manchester, Mo. **22c. DATE SIGNED** 4-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 4-8-59 **23c. NAME OF CEMETERY OR CREMATORY** Bethel Cemetery **23d. LOCATION** (City, town, or county) Pond (State) Mo.

24. FUNERAL DIRECTOR Schrader Funeral Home **ADDRESS** Ballwin Mo **25. DATE RECD. BY LOCAL REG.** 4-7-59 **26. REGISTRAR'S SIGNATURE** John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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.

VS APR 24 1959

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.