THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015424
State File No.

FILED MAY 8 1959 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 3629

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis County 4790
d. STREET ADDRESS (If rural, give location): 63 Flamingo St., St. Louis 23

3. NAME OF DECEASED (Type or Print)
a. (First): Mathilda
b. (Middle):
c. (Last): Middendorf

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 5, 1905
9. AGE (In years last birthday): 53 — 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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fayetteville, Ill.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: HENRY MIDDENDORF
13b. MOTHER'S MAIDEN NAME: KATHERINE BACHER.
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 490-36-3817
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Laura C Stemfinnen 63 Flamingo Dr St Louis Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
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* July 2, 1956, *to* April 11, 1959, *that I last saw the deceased alive on* April 11, 1959, *and that death occurred at* 6:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE C.A. Valtierra, M.D. (Degree or title): C.A. Valtierra M.D.
23b. ADDRESS: 5400 Arsenal St.
23c. DATE SIGNED: 4-11-59

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: April 14, 1959
24c. NAME OF CEMETERY OR CREMATORY: HOLYCHILDHOOD
24d. LOCATION (City, town, or county) (State): MASCOUTAH ILL

DATE REC'D BY LOCAL REG.: Karl Smith, M.D. M.D.
REGISTRAR'S SIGNATURE: APR 13 '59
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Emmet G. L. Moll. Mascoutah Ill

(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 Not Embalmed., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Emmett J. L. Wolle

Licensed Embalmer No. 2898

P. O. Address Nauvoo Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.