

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019435

STATE FILE NUMBER

2 4974

FILED JUN 4 1959 Registration District No. _____ Primary Registration District No. _____ Registrar 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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6318 Chippewa		Length of stay in 1b 1 1/2 Years	d. STREET ADDRESS 6318 Chippewa		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dorothy Middle H. Last Mertens			4. DATE OF DEATH Month May Day 21 Year 1959		
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1880		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Holtgrieve		13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Waldemar C. Mertens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Waldemar C. Mertens, 6318 Chippewa, St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Phlebotomy					INTERVAL BETWEEN ONSET AND DEATH 10 hrs 45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Bacteric - Sclerotic Heart Disease			
		DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> 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 April 27 '59 to May 21 '59 and last saw her ^{alive} on May 21, 1959 Death occurred at 11:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Julius S. Hoover M.D. (Degree or title)			22b. ADDRESS 2603 Cherokee St.		22c. DATE SIGNED 5/21/59
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 5/23/1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) 10180 Gravois Rd. St. Louis Co.
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa St. Louis Mo.			25. DATE RECD. BY LOCAL REG. MAY 22 '59		26. REGISTRAR'S SIGNATURE Roald Smith, M.D. <i>mjs</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

1-57

19/0

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 *Eric E. Dransom*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, 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.