

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS NOV 3 1959**

**59-037695**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9693**

ENDED

|   |                                  |   |   |  |   |   |  |
|---|----------------------------------|---|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>St. Louis</i>   |                                  |   | Length of stay in 1b  |  | c. CITY OR TOWN <i>St. Louis</i>                                    |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>INCARNATE WORD HOSP.</i>  |                                  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><i>6035 WANDA</i>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <i>RAYMOND CONRAD</i>  |                                  |   |   | First Middle Last <i>HOELTZEL</i>  |   | 4. DATE OF DEATH<br>Month <i>OCT</i> Day <i>20</i> Year <i>1959</i>   |  |
| 5. SEX<br><i>MALE</i>   | 6. COLOR OR RACE<br><i>WHITE</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>5/10/1896</i>                                      | 9. AGE (last birthday)<br><i>63</i>  | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days  | Hours  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>OILER</i>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>BUSCH BREWERY</i>                 |  | 11. BIRTHPLACE (City and state or country)<br><i>St. Louis, Mo.</i> |   | 12. CITIZEN OF WHAT COUNTRY<br><i>USA</i>                                  |
| 13a. FATHER'S NAME<br><i>HENRY HOELTZEL</i>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><i>KATIE REINBECK</i>                        |  |   | 14. NAME OF HUSBAND OR WIFE<br><i>EVELYN AMELIA</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><i>YES WW-I</i>   |                                  |   | 16. SOCIAL SECURITY NO.<br><i>488-10-7247</i>                             |  | 17. INFORMANT<br>Address<br><i>EVELYN HOELTZEL 6035 WANDA</i>       |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Generalized Adeno Carcinomas</i><br><i>Pneumonia Pneumops</i><br><i>Cholecyteli Pericholosis / Liver</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |                                  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 1/2 years</i>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>157x</i>  |                                  |   |   |  |   | PART III. If deceased was female, was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><i>157x</i>            |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                                  | 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 <i>9/15/59</i> to <i>9/15/59</i> and last saw him alive on <i>10/20/59</i><br>Death occurred at <i>9:15 am 10/20/59</i> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |   |   |  |
| 22a. SIGNATURE<br><i>George D. Mehan MD</i>   |                                  |   | 22b. ADDRESS<br><i>3903 Olive</i>   |  |   | 22c. DATE SIGNED<br><i>OCT 22 1959</i>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>REMOVAL</i>   |                                  | 23b. DATE<br><i>10/23/1959</i>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>NATIONAL CEMETERY</i>   |   | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis Co., Mo.</i>  |  |
| 24. FUNERAL DIRECTOR<br><i>J L ZIEGENHEIN &amp; SONS 7027 GRAVOIS</i>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><i>OCT 22 1959</i>                        |  | 26. REGISTRAR'S SIGNATURE<br><i>Lead Smith, M.D.</i><br><i>mde</i>  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027. Hiawatha

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.