

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017436

FILED VS APR 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **2-3891** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St/ Louis		Length of stay in 1b 15 hrs.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8550 S Broadway Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle H. Last VOELTZ.			4. DATE OF DEATH Month 4 Day 6 Year 60			
5. SEX M.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Concordia Pub.	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME August	13b. MOTHER'S MAIDEN NAME Bertha Schleuter	14. NAME OF HUSBAND OR WIFE Katherinw
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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. None	17. INFORMANT Don Schmitt	Address 1121 Drayton Webster Groves
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>General arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Chronic</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from Oct 10, 1953 to Apr 6, 60 and last saw ^{him} ~~her~~ alive on Apr 6, 1960
Death occurred at 10:11 P.M. m of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul C. Humphreys M.D.</i>	(Degree or title)	22b. ADDRESS 7702 Irving Ln	22c. DATE SIGNED 4/7/60
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23a. BURIAL, CREMATION REMOVAL (Specify) burial	23b. DATE 4/8/60	23c. NAME OF CEMETERY OR CREMATORY St. Mathew	23d. LOCATION (City, town, or county) St. Louis Mo.
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24. FUNERAL DIRECTOR SCHUMACHER-3013 MERAMEC	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 8 1960	26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Hreipt

Licensed Embalmer No. 474

P. O. Address St. Joe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.