

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015983  
STATE FILE NUMBER

AMENDED  FILED APR 24 1961 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1093

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>   |   | Length of stay in lb <u>DAYS</u>  | c. CITY OR TOWN <u>St. Charles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>1015 Monroe</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| 3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>D.</u> Last <u>Mutert</u>  |   |   | 4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1961</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/4/1899</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>   | 9. AGE (last birthday) <u>61</u>   |
| 11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Herman Mutert</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Bertha Hollrah</u>   | 14. NAME OF HUSBAND OR WIFE <u>Dora Stoevsand Mutert</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   | 17. INFORMANT Address <u>Mrs. Dora Mutert, St. Charles, Mo.</u>   |  |
| 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) <u>Acute Pulmonary Edema</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   |   | <u>Weeks</u>   |
| DUE TO (b) <u>Cardiac Decongestion</u>  |   |   | <u>Days</u>  |
| DUE TO (c) <u>Uremia + Glomerular Nephritis</u>   |   |   | <u>Months</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | 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? YES <input checked="" type="checkbox"/> NO <input 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   |   |   |  |
| 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 <u>Apr - 5 - 1961</u> to <u>Apr - 18 - 1961</u> and last saw <u>him</u> alive on <u>Apr 17 - 1961</u><br>Death occurred at <u>10:25 AM - Apr - 18 - 1961 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>J. L. Harrington D.O.</u>   |   | 22b. ADDRESS <u>230A. No. main St. Charles Mo</u>   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>4/21/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>St. Charles Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Arthur C. Baue St. Charles, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>4-20-61</u>   | 26. REGISTRAR'S SIGNATURE <u>J. L. Harrington M.D.</u>   |

VS APR 28 1962

APR 25 1961

**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 David C. Bace

Licensed Embalmer No. 5060

P. O. Address H. Clark

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.