

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003266

AMENDED

Registration District No. 310 Primary Registration District No. 2058 Registrar's No. 21

STATE FILE NUMBER

FILED JAN 31 1962

1. PLACE OF DEATH
 a. COUNTY ST. CHARLES
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES Length of stay in 1b 15 YEARS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY ST. LOUIS
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7229 NORMANDY PLACE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
IDA MARIE BORTFELD JANUARY 20, 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH JULY 5, 1887 9. AGE (last birthday) 74
 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) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME FRED MEIER 13b. MOTHER'S MAIDEN NAME MARIE KUHLMANN 14. NAME OF HUSBAND OR WIFE HENRY BORTFELD

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 Theophil Starkew, ST. CHARLES, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 day
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY (hour a.m. p.m.) _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1955 to Jan 1962 and last saw her alive on Jan 20, 1962
 Death occurred at 11.15 a. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W H Poggenmeyer MD 22b. ADDRESS St Charles, Mo 22c. DATE SIGNED Jan 22, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1/23/62 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery 23d. LOCATION (City, town or county) (State) St. Charles, Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur C. Bave, St. Charles, Mo. 101-22-62 25. DATE RECD. BY LOCAL REG. _____ 26. REGISTRAR'S SIGNATURE Marcella Wilson

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 John C. Smith

Licensed Embalmer No. 5145

P. O. Address St. Charles, 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.