

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009261

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 223

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 7 1962
 PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Richmond Heights** Length of stay in 1b **17 Days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Marys Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6109 A. Virginia ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Catherine -- Lang**
 4. DATE OF DEATH Month Day Year **January 15, 1962**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3-3-1886** 9. AGE (last birthday) **75** 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 **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U S A**

13a. FATHER'S NAME **August Mueser** 13b. MOTHER'S MAIDEN NAME **Josephine Haar** 14. NAME OF HUSBAND OR WIFE **Albert B.**

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 Address **Mrs. Florence Kurlander 6109 Virginia ave.**

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 Infarction**
 Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) **Arteriosclerosis Gen.**
 DUE TO (c) **Diabetes mellitus** INTERVAL BETWEEN ONSET AND DEATH **20 yrs**
 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.
 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 **1959** to **4/15/62** and last saw her him alive on **4/14/62**
 Death occurred at **6.15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W H Ormister M.D.** 22b. ADDRESS **3720 Washington** 22c. DATE SIGNED **4/6/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-18-1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olive Cemetery** 23d. LOCATION (City, town, or county) (State) **3901 Mt. Olive Road Lemay, Mo.**

24. FUNERAL DIRECTOR ADDRESS **C. Hoffmeister Mortuaries 7814 S. Broadway** 25. DATE RECD. BY LOCAL REG. **1-17-62** 26. REGISTRAR'S SIGNATURE **John C. Murphy M.D.**

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 USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION DOCUMENT

Roseman 1031114 - to SP2 Dr. W. H. Olmsted 3720 Lamfelli Blvd. JE-3-4511

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 *Linn C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.