

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009467

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2599 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb		c. CITY OR TOWN		Inside Limits		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. DATE OF DEATH		Month		Day		Year	
St. Louis		St. Louis		48 yrs		Lemay		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Missouri		St. Louis		March 4, 1963							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits		d. STREET ADDRESS (If outside, give location)		Reside on Farm															
Deaconess Hospital		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		318 Porchester Drive		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
3. NAME OF DECEASED (Type or print)		First		Middle		Last															
MARTHA						STRUCKMEYER															
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR									
female		white				5/14/1892		70		Months		Days		Hours		Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY															
housework		at home		Venedy, Illinois		USA															
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE																	
Carl Tempelmeyer		Lora Justus		Theodore Struckmeyer																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown); (If yes, give war or dates or no)		17. INFORMANT		Address																	
no		Mrs. Ruth Krieger, 318 Porchester Drive																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)		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.											
		Generalized Carcinomatosis		Carcinoma of the Endometrium		172x				1 year		2 yrs									
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
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.)																	
20c. TIME OF INJURY		Hour a.m. p.m.		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>8-24-54</u> to <u>3/5/63</u> and last saw her alive on <u>3-4-63</u>		Death occurred at <u>3:10 P.M. 12:10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE		(Degree or title)		22b. ADDRESS		22c. DATE SIGNED															
Sert A. Klein		M.D.		2632 S. Kingsley Way		3-5-63															
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)													
burial		3/7/63		Concordia Cemetery		St. Louis, Missouri															
24. FUNERAL DIRECTOR		ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE															
BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				MAR 6 1963		Road Smith, M.O.															

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Robert Klein  
2632 So. Kingsley Street  
P.O. 2-7475

**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 \_\_\_\_\_

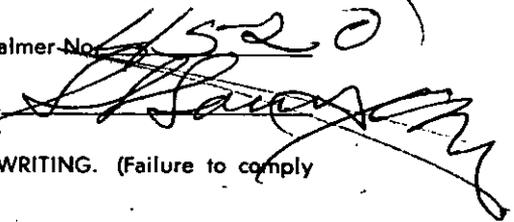
Signature of Student Embalmer

Signed



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_



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.