

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26057**
Registrar's No. **6851**

FILED JUL 31 1952

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|---|--|---|------------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | | | c. LENGTH OF STAY (In this place) | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION INCARVATE WARD | | | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | f. STREET ADDRESS | | g. DATE OF DEATH | | | |
| a. (First) MARGARET | | b. (Middle) E. | | c. (Last) LOTZ | | h. (Month) (Day) (Year) JULY-14-52 | | | |
| 5. SEX FE. / | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) M. | | 8. DATE OF BIRTH OCT-8-1877 | | | |
| 9. AGE (In years last birthday) 74 YRS | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own | | 11. BIRTHPLACE (City and State or Foreign Country) BONNE TERRA MO. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Thomas Thornton | | 13b. MOTHER'S MAIDEN NAME MARY BANE | | 14. NAME OF HUSBAND OR WIFE HENRY J. LOTZ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry J. Lotz, 3542 Henrietta St | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | | | DUE TO (b) Hypertension | | | | 1 year | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) Atherosclerosis | | | | 3 years | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myelomatosis | | | | | | | | 3 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 143X | | | | | | | |
| 22. I hereby certify that I attended the deceased from Aug 31, 1950 , to July 14, 1952 , that I last saw the deceased alive on July 14, 1952 , and that death occurred at 8:10 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | 23b. ADDRESS | | | 23c. DATE SIGNED | | | |
| C. White | | | 508 N. Grand St. Louisville | | | 7-15-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | | |
| REMOVAL | | JULY-17-52 | | MEMORIAL PARK | | ST. LOUIS MO. | | | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | | |
| JUL 15 1952 | | Carl Smith MD | | | E. J. Schurr 3125 Lafayette | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Joseph A. Wollemer

Licensed Embalmer No. *4014*

P. O. Address

3125 Parkway Ave

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 this body is not embalmed, fact should be so stated above.