

Registration District No.

757

Primary Registration District No.

3036

Registrar's No.

63

1. PLACE OF DEATH:

- (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1100 N. Lindenwood Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7
 (Specify whether
 In this community _____
 years, months or days) 5 1/2

8. (a) PRINT FULL NAME Emelia Panhorst

8. (b) If veteran,

name war ✓

8. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband August C. Panhorst 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased March 31 - 1869
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

701129

hr.

min.

9. Birthplace

Cappel

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

12. Name

Henny Schmitt

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Niederhohn

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Orlando E. Panhorst

(b) Address

1100 N. Lindenwood, St. Charles, Mo.17. (a) Burial

(b) Date thereof

April 3 - 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Johns Cemetery, St. Charles,

18. (a) Signature of funeral director

W. C. Dillinger, St. Charles, Mo.

(b) Address

800 N. Second, St. Charles, Mo.19. (a) 4/1/40(b) Clarence H. Thessler

(Registrar's signature)

(Date received local registrar)

(1-11)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1100 N. Lindenwood
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
 year 1940 hour 7 minute 10 A.M.21. I hereby certify that I attended the deceased from October 22,
1938, to March 22, 1940;
 that I last saw her alive on March 22, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion, acute.

Due to

Essential hypertension.

Due to

Generalized arteriosclerosis.
Coronary artery disease.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

No

Of autopsy

No

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓

(Specify type of place)

(e) Means of injury

23. Signature Paul R. M. In'ter (M. D. or other) M.D.
 Address St. Charles, Mo. Date signed 4/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

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 this body is not embalmed, above space should be left blank.