

FILED JUL 23 1942

Registration District No. 757

Primary Registration District No. 3036

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six months
(Specify whether years, months or days)

In this community Lifetime

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. 552 Clark Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Kister

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 3 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 15 If less than one day hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Simon

13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Kellmeyer

15. Birthplace Unknown - Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. George E. Kister

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Rossmore Cemetery

18. (a) Signature of funeral director H. C. Dallmeyer & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) June 19 1942 (b) Caroline J. Wessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1942 to June 18 1942
that I last saw her alive on June 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 3 days

Due to Paralysis agitans 2-3 years

Due to _____

Other conditions 1110
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(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 W. J. Jowers, M.D. (M. D. or other) MD
Address St. Charles, Mo. Date signed 6/23/42

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

92
9
3

MOTHER FATHER

679

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, fact should be so stated above.