S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34462

State File No.

Registration District No. 3067 Primary Registration District No. 6048 Registrar's No. 248

1. PLACE OF DEATH:
(a) County: St Charles
(b) City or town: Rural Hardenne Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Dardenn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Charles
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Dardenn
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charlotte Iona Hiler
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 10, (Day) 1852. (Year)
8. AGE: Years 92 Months 10 Days 5 If less than one day hr. min.
9. Birthplace: Franklin (City, town, or county), Co (State or foreign country)
10. Usual occupation: House work
11. Industry or business:
MOTHER FATHER
12. Name: John Kelly
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Mary Ann Smith
15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: M. Muschany
(b) Address: O'Fallon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Wentzville, Mo
18. (a) Signature of funeral director: Morris Muschany
(b) Address: Wentzville Mo.
19. (a) Oct 18 1945 (Date received local registrar) (b) E. A. Keithly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1945 hour 12 midnight minute — M.
21. I hereby certify that I attended the deceased from 9-25, 1945, to 10-15, 1945, that I last saw her alive on 10-14, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to: Cardio Vascular Renal	3 years
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Claude W. Hodge (M. D. or other)
Address: Wentzville Mo Date signed 10/16/45

682

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-5-45

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 Marvin Murchany

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.