No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14198

FILED MAY 16 1946

Registration District No. 810 Primary Registration District No. 3058 Registrar's No. 70

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 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 9 (If outside city or town limits, write "RURAL")

(d) Street No. 115 Boonslick Road 3 (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Preston Cline

3. (b) If veteran, name war NIL

3. (c) Social Security No. 498-07-0240

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Beulah (Shatro) Cline

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 24, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Crane Operator

11. Industry or business American Car & Fdy Co

FATHER
12. Name Jacob Cline
13. Birthplace unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Beulah S. Cline 1

(b) Address 115 Boonslick-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-13-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove St. Charles, Mo.

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

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) April 20/46 Fannie Hamilton (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1946 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from 11-20, 1945 to 4-10, 1946; that I last saw him alive on 4-10, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic & acute cholangitis c̄ Biliary cirrhosis	21 days ?
Due to: Common duct stone	4 months
Due to	
Other conditions (Include pregnancy within 3 months of death) 1570	

Major findings: Of operations Ruptured Gall Bladder 4/1/46 & common duct stone

Of autopsy no

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 no

(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 R. O. Hayden (M. D. or other) 0

Address St. Charles, Mo. Date signed 4/12/46

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9;
District File Number.....
Date Filed 5-13-46

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 Philip A. Miceli, Registered Apprentice No. 388, working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 295
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.