

FILED OCT 23 1948  
Registration District No. **3179**

Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Ballwin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Pine Crest Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)

**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. **808 North Fifth Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Joseph H. Machens**  
**3. (b) If veteran, name war** **NIL** **3. (c) Social Security No.** **NIL**

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Gertrude (Limpert) Machens** **6. (c) Age of husband or wife if alive** **48** years  
**7. Birth date of deceased** **June 15 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>3</b>	<b>16</b>	hr. min.

**9. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired Automobile dealer**

**11. Industry or business**  
**12. Name** **Andreas Machens**  
**13. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Magdalene Ludwig**  
**15. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **J. H. Machens Jr. (son)**  
**(b) Address** **808 North Fifth St. Charles, Mo.**

**17. (a) ~~burial~~ cremation** (b) Date thereof **Oct 4-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Oak Grove Crematory, Mo.**  
(c) Place: ~~burial~~ cremation

**18. (a) Signature of funeral director** **W. J. [Signature]**  
**(b) Address** **800 N. 2nd St. Charles, Mo.**

**19. (a) 10-4-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **1**  
year **1948** hour **2:00** minute **P.** **M.**  
**21. I hereby certify that I attended the deceased from** **Sept 22**  
19**48**, to **Oct 1** 19**48**;  
that I last saw him alive on **Sept 27** 19**48**;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Carcinoma of Colon**

Due to \_\_\_\_\_  
Due to **46 2**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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** **Dr. J. [Signature]** (M. D. or D.O.)  
Address **3507 Palmetto** Date signed **10-4-48**

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

*Joseph I. Linder*

Licensed Embalmer No. *4189*

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.**