

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20658

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twp	
c. LENGTH OF STAY (In this place) unknown		d. STREET ADDRESS (If rural, give location) R.R. 2-South River Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 2-South River Road			

3. NAME OF DECEASED (Type or Print)	a. (First) SUSIE	b. (Middle) T	c. (Last) JOSE	4. DATE OF DEATH (Month) (Day) (Year)	June 9 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 14, 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Fitts	13b. MOTHER'S MAIDEN NAME Mary Schuster	14. NAME OF HUSBAND OR WIFE Michael Jose, dec'd 1942
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME John W. Jose (son)	ADDRESS R.R. 2-St. Charles
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion DUPLICATE (b) Sub. Myocarditis DUPLICATE (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr 2 yrs 2 yrs 4201
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-9, 1949, to 6-9, 1949 that I last saw the deceased alive on 6-9, 1949 and that death occurred at 4:15 PM. from the causes and on the date stated above.

22a. SIGNATURE Calvin Clay M.D.	(Degree or title) M.D.	22b. ADDRESS ST. MARK'S MO	22c. DATE SIGNED 6-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 11-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE RECD BY LOCAL REG. 6-14-49	REGISTRAR'S SIGNATURE Franice Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co.	ADDRESS 800 N. 2nd-St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 21 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.