

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42152

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 244

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) St. Charles		c. LENGTH OF STAY (In this place) Life time	c. CITY (If outside corporate limits, write RURAL and give township) St. Charles		92
d. FULL NAME OF HOSPITAL OR INSTITUTION 1028 North Fourth Street			d. STREET ADDRESS (If rural, give location) 1028 North Fourth Street		
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) Emma	c. (Last) Bethel	4. DATE OF DEATH (Month) (Day) — (Year) December 26-1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19-1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Schramm		13b. MOTHER'S MAIDEN NAME Mathilda Gruenewald		14. NAME OF HUSBAND OR WIFE Luther N. Bethel	
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 ADDRESS Luther N. Bethel-St. Charles, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Liver				2 yrs
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. secondary anemia 15667				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		
22. I hereby certify that I attended the deceased from Jan 9, 1949 , to Dec 26, 1949 , that I last saw the deceased alive on Dec 23, 1949 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. J. L. Harrington M.D.			23b. ADDRESS St. Charles mo		23c. DATE SIGNED 12-27-'49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 29-1949	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. 12-27-49	REGISTRAR'S SIGNATURE Joynie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dalmeyer & Sons Co 800 N. 2nd St. Charles, Mo.		

H.S. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 31 1949
District Health Officer No. 9,
District File Number

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.

Student
Student Embalmer

Signed Herbert G. 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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.