

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21258

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 112

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Charles	c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	1923
d. FULL NAME OF HOSPITAL OR INSTITUTION 126 South Main Street		d. STREET ADDRESS (If rural, give location) 2305 North Fifth Street	

3. NAME OF DECEASED a. (First) Agnes b. (Middle) M. c. (Last) DeRoy			4. DATE OF DEATH June 28- 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9 1889		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 MTH. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mangle operator		10b. KIND OF BUSINESS OR INDUSTRY Commercial Laundry	11. BIRTHPLACE (State or foreign country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Hall		13b. MOTHER'S MAIDEN NAME Hester Bond		14. NAME OF HUSBAND OR WIFE Gordon A. DeRoy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NIL	17. INFORMANT'S SIGNATURE OR NAME Gordon A. DeRoy--	ADDRESS St. Charles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion & thrombosis	ANTECEDENT CAUSES			2 days
DUE TO (b) Gen. arterio Sclerosis +	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Arterio Sclerotic Heart Disease 3 yrs.
DUE TO (c) Chr. Bronchial asthma	II. OTHER SIGNIFICANT CONDITIONS			1 yr.
Conditions contributing to the death but not related to the disease or condition causing death.				

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)	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) (Min.)	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 10/19/1949 to 6/28/1950, that I last saw the deceased alive on 6/28/1950, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Brundage M.D.	23b. ADDRESS 126 So Main St. St. Charles, Mo	23c. DATE SIGNED 6/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1950	24c. NAME OF CEMETERY St. Charles Borrowed	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 7-4-50	REGISTRAR'S SIGNATURE Fannie Stumultz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Hallmeyer & Sons Co 800 N. 2nd St. St. Charles, Mo.
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District Health Officer No. 9,
District File Number
RECEIVED JUN 8 1950

FEB 10 1956

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 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.