

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22567

State File No.

FILED JUL 13 1950

Registrar's No. 48

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531

1. PLACE OF DEATH a. COUNTY Warrenton		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) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 334 No 2nd St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Memorial Home			

3. NAME OF DECEASED (Type or Print) a. (First) Elenor b. (Middle) Mallinekrodt c. (Last) Mallinekrodt			4. DATE OF DEATH (Month) (Day) (Year) June 8 1950		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 2 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours 11 Min. 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) St Charles County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Conrad Mallinekrodt	13b. MOTHER'S MAIDEN NAME Emilie Schieffer	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Hugh Seeburger ADDRESS Rt 3 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic gangrene			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of Right Leg seven DUE TO (c) Generalized Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1501		

19a. DATE OF OPERATION	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)	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 5-24, 1950, to 6-8, 1950, that I last saw the deceased alive on 6-7, 1950, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh Seeburger M.D. (Degree or title)	23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED June 14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo.
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DATE REC'D BY LOCAL REG. 675-50	REGISTRAR'S SIGNATURE Floyd Hogan	25. FUNERAL DIRECTOR'S SIGNATURE Wickmann ADDRESS Banc 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 JUN 10 1950
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 Arthur C. Bane

Licensed Embalmer No. 3155

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.