

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31448**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6058** Registrar's No. **166**

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. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (in this place) 19 yrs		923	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boonslick Road		d. STREET ADDRESS (If rural, give location) Boonslick Road	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) _____ c. (Last) Journey			4. DATE OF DEATH (Month) (Day) (Year) Spet 7 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH January 21 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Pacific Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME U Journey		13b. MOTHER'S MAIDEN NAME Minnie Reed		14. NAME OF HUSBAND OR WIFE Cecelia Hueffmeier Journey	
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 ADDRESS Cecelia Journey Boonslick 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 3 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis		5 yrs -	
		DUE TO (c) Chr Bronchial asthma		4341	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs	

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 **8/15/1946**, to **9/7/1950**, that I last saw the deceased alive on **9/6/1950**, and that death occurred at **6:48 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.F. Erdice M.D.		23b. ADDRESS 126 So. Main St. St. Charles Mo		23c. DATE SIGNED 9/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 9 1950		24c. NAME OF CEMETERY OR CREMATORY St John's Cemetery	
		24d. LOCATION (City, town, or county) (State) St Charles Mo			

DATE REC'D BY LOCAL REG. 9-16-50		REGISTRAR'S SIGNATURE Francis Hamilton		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Haekmann-Paul, Inc, Brcklin, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 25 1950

RECEIVED

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. Bone

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.