

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 22 1950

State File No. 31616

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2812			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 24 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) William Dusenberg			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 17, 1882			
9. AGE (In years last birt. day) 67		IF UNDER 1 YEAR 10 Months 28 Days		IF UNDER 24 HRS. _____ Hours _____ Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Warren County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A		
13a. FATHER'S NAME Henry Dusenberg			13b. MOTHER'S MAIDEN NAME Reka Duevil			14. NAME OF HUSBAND OR WIFE Mary Dusenberg			
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 Mrs. Chas. Rhoades ADDRESS 9443 S. Broadway					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Nephritis ANTECEDENT CAUSES Myocarditis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
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? 442X					
22. I hereby certify that I attended the deceased from Sept 13, 1950 , to Sept 15, 1950 , that I last saw the deceased alive on Sept 15, 1950 , and that death occurred at 145 am. , from the causes and on the date stated above.									
23a. SIGNATURE Maureen Schaller M.D. (Degree or title)				23b. ADDRESS 505 Humboldt Bldg		23c. DATE SIGNED Sept 15/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/15/50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Warrenton Mo.			
DATE REC'D BY LOCAL REG. SEP 15 1950		REGISTRAR'S SIGNATURE B. Lantier		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith ADDRESS 7450 Manchester Maplewood Mo.					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert T. Sangster

Signed.....

Student Embalmer

Licensed Embalmer No.

4290

P. O. Address

St Louis 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.