

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32274

State File No.
Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079

0950
1

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL STE. GENEVIEVE | c. LENGTH OF STAY (in this place) LIFE | c. CITY (If outside corporate limits, write RURAL and give township) RURAL STE. GENEVIEVE 0950 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE | | d. STREET ADDRESS (If rural, give location) RR#1 | |

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|---------------------------------------------------------------|-------------|--------------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) EMMA | b. (Middle) | c. (Last) PANCHOT | 4. DATE OF DEATH (Month) (Day) (Year) SEPT 12 1950 |
|---------------------------------------------------------------|-------------|--------------------------|--------------------------------------------------------------|

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|-------------------------|----------------------------------|--------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|------------------------|------------------------|-----------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH MARCH 21 1868 | 9. AGE (in years last birthday) 82 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
|-------------------------|----------------------------------|--------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|------------------------|------------------------|-----------------------|

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|---------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) BLOOMSDALE MO | 12. CITIZEN OF WHAT COUNTRY? USA |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|--------------------------------------------|

| | | |
|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------|
| 13a. FATHER'S NAME VALENTINE HERMAN | 13b. MOTHER'S MAIDEN NAME MARY STETZLE | 14. NAME OF HUSBAND OR WIFE JOSEPH PANCHOT |
|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------|

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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 John Panchot Sr. Hannemann Mo | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs 174X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cor. Arteriosclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ch. Vascular heart disease | | |
| 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. | | | |

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| 19a. DATE OF OPERATION Return to at Bernard Shaw Cancer Hospital St. Louis Mo | 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

| | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 **June 1950**, to **Sept 12 1950**, that I last saw the deceased alive on **Sept 11 1950**, and that death occurred at **12:35 p m.**, from the causes and on the date stated above.

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|----------------------------------------------------------|----------------------------------------|---------------------------------------|
| 23a. SIGNATURE (Degree or title) Dr. J. H. ... | 23b. ADDRESS St Genevieve Mo | 23c. DATE SIGNED Sept 13 50 |
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|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE SEPT 15 1950 | 24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING | 24d. LOCATION (City, town, or county) (State) STE GENEVIEVE MO |
|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|

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|--------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. Sept 15, 1950 | REGISTRAR'S SIGNATURE Wesley M. Karl - Depo | 25. FUNERAL DIRECTOR'S SIGNATURE Lucie Barker Sr. Hannemann Mo | ADDRESS |
|--------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|---------|

File No. _____
DISTRICT HEALTH OFFICE No. 4
SEP 16 1950

RECEIVED

SEP 27 1950

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 *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, 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.