

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32669

State File No.

FILED NOV 13 1950

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1253

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>702 S. 16th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wells Nursing Home</u> <u>701 S. 17th Street</u>			

3. NAME OF DECEASED a. (First) <u>Margaret</u> (Type or Print)		b. (Middle) <u>Pearl</u>		c. (Last) <u>Lilge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 4, 1950.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 22, 1874</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Hungary.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Lilge.</u>		13b. MOTHER'S MAIDEN NAME <u>Ludemila ??</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Wein St. Joseph, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis General</u>			
		DUE TO (c) <u>Senility</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7-16-50 to 11-4-50, 1950, that I last saw the deceased alive on 11-3-50, 1950, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Senne</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>207 P + S, St. Joseph Mo</u>		23c. DATE SIGNED <u>11-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Corning, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	
---	--	---	--	---	--	-----------------------------------	--

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

117
4

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, of by *****

working under my personal supervision.

Student Embalmer No.*****.4.....

Signed

Albert C. Harrington

Signed..... *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.