

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34476

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>24 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>623 North 6th St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>623 North 6th St</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Waldo</b>	b. (Middle) <b>Albert</b>	c. (Last) <b>Mades</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 22 1896</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 11 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) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	11. BIRTHPLACE (State or foreign country) <b>Hamburg Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Mades</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Ruebling</b>	14. NAME OF HUSBAND OR WIFE <b>Regina Becker Mades</b>
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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)	16. SOCIAL SECURITY NO. <b>492-01-9437</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Regina Mades 623 No. 6th St</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Emergency</b>
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-18, 1948, to 10-30, 1950, that I last saw the deceased alive on 10-30, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Lawrence</b> (Degree or title)	23b. ADDRESS <b>1144 N. Main St. Charles Mo</b>	23c. DATE SIGNED <b>11-3-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 2 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-3-50</b>	REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wackman - Bone St Charles Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

923

File No. \_\_\_\_\_

DISTRICT HEALTH OFFICE No. 4

NOV 6 1950

RECEIVED

NOV 1 9 1950

OCT 1 9 1951

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.

Signed *Arthur C. Bann*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3151

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.