

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38160**  
Registrar's No. **206**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

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 OR TOWN <b>St Charles</b>	c. LENGTH OF STAY (in this place) <b>60 yrs</b>	c. CITY OR TOWN <b>St Charles</b>	d. STREET ADDRESS (If rural, give location) <b>3<sup>rd</sup> Prairie Haute Dr</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3 Prairie Haute Dr</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flornee</b>		b. (Middle) <b>M</b>	c. (Last) <b>Gatzweiler</b>
4. DATE OF DEATH <b>Nov. 18 1950</b>		5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 11 1889</b>	9. AGE (In years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>White Water Minn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Herman J Bruns</b>		13b. MOTHER'S MAIDEN NAME <b>Regina Christesen</b>	14. NAME OF HUSBAND OR WIFE <b>Chas F Gatzweiler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Chas F Gatzweiler</b> ADDRESS <b>St Charles</b>
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) <b>Coronary occlusion</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Asteria sclerosis, Hypertension</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
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)	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 <b>July 8</b> , 19 <b>50</b> , to <b>Nov 18</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Nov 3</b> , 19 <b>50</b> , and that death occurred at <b>11:20 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lucretia Schneider MD</b>		23b. ADDRESS <b>St Charles Mo</b>	23c. DATE SIGNED <b>Nov 20-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 21 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-22-50</b>	REGISTRAR'S SIGNATURE <b>Francis Hanel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Hahnemann</b> ADDRESS <b>St Charles Mo</b>	

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

0923

RECEIVED

NOV 24 1950

DISTRICT HEALTH OFFICE No. 4

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

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. Baul*

Signed \_\_\_\_\_

Student Embalmer

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.