

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9105

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, write RURAL and give name of township) RURAL-MERAMEC
c. LENGTH OF STAY (In this place) 1 mo 13 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) ST. JOSEPH'S HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE ILL. b. COUNTY CLINTON
c. CITY (If outside corporate limits, write RURAL and give township) 81Y8
d. STREET ADDRESS (If rural, give location) ST. MARY'S HOME

3. NAME OF DECEASED
a. (First) REY. JOSEPH b. (Middle) TRAGESSER c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) MAR. 15, 1951

5. SEX M O W 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH 3/19/1881 9. AGE (In years last birthday) 69 11 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC PRIEST 10b. KIND OF BUSINESS OR INDUSTRY PASTOR & CHAPLAIN 11. BIRTHPLACE (State or foreign country) ST. ROSE, ILL. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ADAM TRAGESSER 13b. MOTHER'S MAIDEN NAME MARY BLANKE 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Brother Paschal, St. Joseph's Home ADDRESS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDITIS
DUE TO (c) GENERALISED ARTERIO-SCLEROSIS.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SEVERAL YEARS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6/50, 19__, to 3/15, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 7:45am., from the causes and on the date stated above.

23a. SIGNATURE J. Mark... (Degree or title) 23b. ADDRESS 4323 Roland Drive 23c. DATE SIGNED 3/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 3/19/51 24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery 24d. LOCATION (City, town, or county) (State) Benton St.

DATE REC'D BY LOCAL REG. 3/24/51 REGISTRAR'S SIGNATURE Mrs. R. J... 438 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

0500

MAY 1 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-26-51

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.....
Student Embalmer

Signed *Wm Birdsey*.....
Licensed Embalmer No. 3653

P. O. Address 4200 Washington

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.