

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13676

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 65

09220

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. CHARLES RURAL</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>ST. LOUIS</u> (If outside corporate limits, write RURAL and give township) <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>		d. STREET ADDRESS (If rural, give location) <u>5414 ALASKA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u>		b. (Middle) <u>MISSELHORN</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>FEBRUARY 24, 1867</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>		13a. FATHER'S NAME <u>CHAS. RITTER</u>	
13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE PELGEN</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE MISSELHORN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Theophil Stoerken</u>		ADDRESS <u>ST. CHARLES, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mraemia</u>			<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arterio sclerosis</u>			<u>10 yrs.</u>
DUE TO (c) <u>Chronic myocarditis</u>			<u>5 yrs.</u>
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"/>		<u>4221</u>	
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 <u>Jan 1st</u> , 19 <u>51</u> , to <u>Apr 7th</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>51</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Erich Schulz, M.D.</u> (Degree or title)		23b. ADDRESS <u>St Charles Mo.</u>	
23c. DATE SIGNED <u>7/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Church Yard</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>4-9-51</u>	REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Waskmann</u>	ADDRESS <u>Waskmann</u>

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 18 1951

RECEIVED

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 Arthur C. Bane

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.