

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24159**

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY St. Charles b. CITY (If outside corporate limits, write RURAL and give township) O'Fallon c. LENGTH OF STAY (In this place) Rural d. FULL NAME OF HOSPITAL OR INSTITUTION DARDENNE TWP				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Charles c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon d. STREET ADDRESS Dardenne Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) ----- c. (Last) Hanley		4. DATE OF DEATH (Month) (Day) (Year) July 20 1951		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 23 1884		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY wife		11. BIRTHPLACE (State or foreign country) O'Fallon Mo. Rural		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Orf		13b. MOTHER'S MAIDEN NAME Hoff		14. NAME OF HUSBAND OR WIFE Frank Hanley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Frank Hanley ADDRESS O'Fallon Mo. Rural			
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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Generalized cardiovascular arteriosclerosis 2. 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? 4221 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 August 1950 , to June 15, 1951 , that I last saw the deceased alive on July 5, 1951 , and that death occurred at 5:14 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE George R. Jaschke M.D. (Degree or title)				23b. ADDRESS O'Fallon Mo.		23c. DATE SIGNED July 21, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24/51		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) O'Fallon Mo. Rural	
DATE REC'D BY LOCAL REG. 7-21-51		REGISTRAR'S SIGNATURE Ea Keithly 280		25. FUNERAL DIRECTOR'S SIGNATURE Ea Keithly ADDRESS O'Fallon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

File No.
DISTRICT HEALTH OFFICE No. 4
JUL 24 1951

RECEIVED

AUG 18 1954

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

E. A. Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.