

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42654

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6077 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>St Charles Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fanshale</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fanshale Mo 6450</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Chrimer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____
11. BIRTH PLACE (State or foreign country) <u>Monroe Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Chrimer</u>		13b. MOTHER'S MAIDEN NAME <u>Jugenia Bell</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie Chrimer Fanshale</u>		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. <u>4500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Chrimer Fanshale Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile arteriosclerosis</u> <u>5 years</u> 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 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 19</u> , 19 <u>51</u> , to <u>Dec. 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/19</u> , 19 <u>51</u> , and that death occurred at <u>5:37</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.C. Mc Murray M.D.</u>		23b. ADDRESS <u>Wentzville Mo</u>	
23c. DATE SIGNED <u>12/1/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 12 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 20 1951</u>		REGISTRAR'S SIGNATURE <u>Marion F. Poff 408</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Heberg 7 + 4 Co Wngt City Mo</u>		ADDRESS	

0926

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

Handwritten mark

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, *of* _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Julius J. Neuhoff*
Licensed Embalmer No. *3366*

P. O. Address *Wright City 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.