

S. No. 300  
v. 10.48

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42657

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>St Charles county</u> <u>O'Fallon</u> Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burdett O'Fallon's</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Fallon Mo.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Mary</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Halter</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 23, 1951</u>									
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct, 6, 1866</u>			
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>17</u>		11. UNDER 10 HRS. Hours <u>17</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House W</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Charles Co D</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			13a. FATHER'S NAME <u>Frank Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Schulte</u>		14. NAME OF HUSBAND OR WIFE		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Magdalena Debrecht O'Fallon 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhoid pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis left.</u> DUE TO (c) <u>Severe cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		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>July</u> , 19 <u>50</u> , to <u>12/23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/22</u> , 19 <u>51</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George R. Decker M.D.</u>				23b. ADDRESS <u>O'Fallon Mo</u>			23c. DATE SIGNED <u>12/24/51</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASSUMPTION</u>		24d. LOCATION (City, town, or county) (State) <u>O'FALLON Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-26-51</u>		REGISTRAR'S SIGNATURE <u>E.A. Keithly</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E.A. Keithly</u>		ADDRESS <u>O'Fallon Mo</u>		

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

Died 3:25 am

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 31 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 Marie Muehling

Licensed Embalmer No. 2461

P. O. Address Wesleyville, 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.