

STANDARD CERTIFICATE OF DEATH

State File No. 4

2431

FILED JAN 15 1952

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location) 729a North 2nd St			
3. NAME OF DECEASED (Type or Print) Dora		a. (First)		b. (Middle) Achelpohl		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 9 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Meyer		13b. MOTHER'S MAIDEN NAME Louisa		14. NAME OF HUSBAND OR WIFE Louis Achelpohl			
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 ADDRESS Bennett Achelpohl Rt 2 St Charles			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery				INTERVAL BETWEEN ONSET AND DEATH 6 mths ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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)		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 Nov. 20 , 19 51 , to Jan 3 , 19 52 , that I last saw the deceased alive on Jan 3 , 19 52 , and that death occurred at 6:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. J. J.				23b. ADDRESS St Charles Mo		23c. DATE SIGNED 1-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5 1952		24c. NAME OF CEMETERY OR CREMATORY Orchard Farm Cemetery		24d. LOCATION (City, town, or county) (State) Orchard Farm Mo	
DATE REC'D BY LOCAL REG. Jan 7-52		REGISTRAR'S SIGNATURE Francis H. H. H.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. H. H. St Charles Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles J. Macke

Licensed Embalmer No.

4530

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.