

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2432

0923
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FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 3

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) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 South Main		d. STREET ADDRESS (If rural, give location) 724 South Main Street	
3. NAME OF DECEASED (Type or Print) a. (First) Jo b. (Middle) Ann c. (Last) Artkras		4. DATE OF DEATH (Month) (Day) (Year) January 3 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 8, 1938
9. AGE (In years last birthday) 13		Months 11 Days 25	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elmer Artkras		13b. MOTHER'S MAIDEN NAME Josephine Fischer	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL		16. SOCIAL SECURITY NO. NIL	
17. INFORMANT'S SIGNATURE OR NAME Elmer Artkras--St. Charles, Mo.		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) Myocarditis INTERVAL BETWEEN ONSET AND DEATH 12 yrs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS: Patent undiagnosed from birth Conditions contributing to the death but not related to the disease or condition causing death Mentally + physically	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-2-2-2	
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) St. Charles Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		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 Dec 15, 1951 , to Jan 3, 1952 , that I last saw the deceased alive on Jan 2, 1952 , and that death occurred at 6:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. H. Ballmeyer M.D. (Degree or title)		23b. ADDRESS 200 3rd St. St. Charles, Mo.	
23c. DATE SIGNED 1-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5-1952	
24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county), (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. 1-6-52		REGISTRAR'S SIGNATURE James H. Ballmeyer	
25. FUNERAL DIRECTOR'S SIGNATURE H. H. Ballmeyer + Sons Co		ADDRESS 800 N. 2nd--St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

936 R.

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 Herbert C. Dellmeyer

Licensed Embalmer No. 4546

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.