

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13954

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY OR TOWN <u>Wentzville</u> <u>CUIXE</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Wentzville</u> <u>0920</u> <u>Rural</u>	d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. North East</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED
(Type or Print) a. (First) Elizabeth b. (Middle) Mary c. (Last) Kirsch

4. DATE OF DEATH (Month) (Day) (Year) Apr. 27 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 30 1877 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months 7 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home Duties

11. BIRTHPLACE (State or foreign country) Westphalen Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph F. Lubeley 13b. MOTHER'S MAIDEN NAME Elizabeth Senter 14. NAME OF HUSBAND OF WIFE John J. Kirsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. ✓ 17. INFORMANT'S SIGNATURE OR NAME Gertrude Kampmann ADDRESS Wentzville, Mo

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration (b) senile arteriosclerosis (c) 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2 yrs.
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 4721 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) (Min.) 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 Oct., 1951, to April, 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murray MD 23b. ADDRESS Wentzville, Mo 23c. DATE SIGNED 4/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-29-52 24c. NAME OF CEMETERY OR CREMATORY St Theodors Cemetery 24d. LOCATION (City, town, or county) (State) Flint Hill Mo

DATE REC'D BY LOCAL REG. May 31 1952 REGISTRAR'S SIGNATURE Martin J. Ruff 25. FUNERAL DIRECTOR'S SIGNATURE J.E. Pitman ADDRESS Funerad Home
(Licensed Embalmer's Statement on Reverse Side) Wentzville Mo

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

720
1

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 Annotta M. Stanton

Licensed Embalmer No. 3055

P. O. Address Quintville, 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.