

No. 38
10.48

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. **21607**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **128**

0923

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

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	
c. LENGTH OF STAY (In this place) 2-yrs.		d. STREET ADDRESS (If rural, give location) 515 South Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 South Main Street			

3. NAME OF DECEASED (Type or Print) a. (First) Terry		b. (Middle) Frances		c. (Last) Michael		4. DATE OF DEATH (Month) (Day) (Year) June 29 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH. June 12, 1949	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 11 Days 17		IF UNDER 24 HRS. Hours 17 Min.		11. BIRTHPLACE (State or foreign country) Douglas, Arizona	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George Michael		13b. MOTHER'S MAIDEN NAME Estelle Mc Ghee		14. NAME OF HUSBAND OR WIFE - - -	
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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. Nil		17. INFORMANT'S SIGNATURE OR NAME George Michael		ADDRESS St. Charles, Mo.	
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus - since birth				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head protrusion				24 hrs	
		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 752XF				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **8/9, 1951**, to **June 29, 1952**, that I last saw the deceased alive on **June 28, 1952**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Kuster (Degree or title) M.D.		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 6-30-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
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DATE REC'D BY LOCAL REG. 6-30-52		REGISTRAR'S SIGNATURE Frank Haunfelder		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS H.C. Dallmeyer & Sons Co., St. Charles, Mo.	
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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. Dallmeyer

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.