

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2740

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY Saint 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) Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 609 Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 Jackson Street			

3. NAME OF DECEASED (Type or Print) a. (First) Jacob		b. (Middle) Waldvogel		c. (Last) Waldvogel		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 2, 1871	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 6 Days 19		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Switzerland	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY A.C.F., St. Charles		11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Waldvogel		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Kuhn	
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. 488-16-7374		17. INFORMANT'S SIGNATURE OR NAME Carl Waldvogel, St. Charles, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 years	

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42.60		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)		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 **May 21, 1949**, to **Jan. 21, 1953**, that I last saw the deceased alive on **Jan 17, 1953**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

22. SIGNATURE Carroll County, Mo. H.D. (Degree or title)		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED Jan 23, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 24, 1953		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.					

DATE REC'D BY LOCAL REG. Jan 23, 1953		REGISTRAR'S SIGNATURE Francie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Dellinger	
				ADDRESS St. Charles, Mo.	

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 Frank R. Amalorp

Licensed Embalmer No. 48132

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.