

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2995  
Registrar's No. 0636

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2995		Registrar's No. 0636		
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis			c. LENGTH OF STAY (in this place) 2 hour		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Centerville Twp. 8120			d. STREET ADDRESS (If rural, give location) 23 Lindorf Dr 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3720 Washington Ave.										
3. NAME OF DECEASED (Type or Print)		a. (First) Clemens		b. (Middle) Daesch		c. (Last) Daesch		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 28, 1892		9. AGE (in years last birthday) 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Swift & Company		11. BIRTHPLACE (State or foreign country) Smithton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Fred Daesch			13b. MOTHER'S MAIDEN NAME Anna Hendrick			14. NAME OF HUSBAND OR WIFE Eloda Evans Daesch				
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. 327-03-1855		17. INFORMANT'S SIGNATURE OR NAME Centerville Twp., Ill.					
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis & Angina DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10-24 hours Oct. 1951		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		21f. HOW DID INJURY OCCUR? 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>								
22. I hereby certify that I attended the deceased from 3-28, 1952, to 1-19, 1953, that I last saw the deceased alive on 1-16, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.										
23a. SIGNATURE Louis J. Glick		(Degree or title) M.D.		23b. ADDRESS 3720 Washington Ave.		23c. DATE SIGNED 1-19-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Illinois				
DATE REC'D BY LOCAL REG. JAN 20 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Gucke		ADDRESS E. St. L., Ill.				

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Chas M. Runk*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Illinois

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.