

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4416

State File No.

FILED FEB 1 1953

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4468</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>					
b. CITY OR TOWN <u>ST. MARYS</u>		c. LENGTH OF STAY (in this place) <u>1 YR.</u>		c. CITY OR TOWN <u>ST. MARYS</u>		0950			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS, MISSOURI</u>				d. STREET ADDRESS (If rural, give location) <u>ST. MARYS, MISSOURI</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>			b. (Middle) <u>MELVIN</u>		c. (Last) <u>DE SHERNIA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>		8. DATE OF BIRTH <u>JULY 1 1902</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (State or foreign country) <u>HARDIN ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ANTON DE SHERNIA</u>			13b. MOTHER'S MAIDEN NAME <u>IDA SENNETZ</u>		14. NAME OF HUSBAND OR WIFE <u>JANE JOHNSON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>327-07-7333</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Alsup St. Marys Mo</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				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) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
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)					
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"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jerome L. V. Staylor</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Ste Genevieve Mo</u>		23c. DATE SIGNED <u>1-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HARDIN ILL</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Annelle Basler</u>		481		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lea C. Basler Ste Genevieve Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

50
1

MAR 4 1953

FEB 11 1953

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 *Christian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address *St. Lawrence*

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.