

## STANDARD CERTIFICATE OF DEATH

State File No. **11062**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **63**

FILED MAR 16 1953

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b> <b>0923</b>		d. STREET ADDRESS (If rural, give location) <b>1000 North Benton Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Bertha</b>				a. (First) <b>Bertha</b>		b. (Middle) <b>Danne</b>	
c. (Last) <b>Danne</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 8 19 31 1889</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months   Days <b>8   18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Ignatz Danne</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ignatz Danne, St. Charles, Mo.</b>			
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) <b>Arteriosclerotic cardio vascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>				<b>8 or 10 yrs</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 <b>260X</b>				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 <b>Jan 16</b> , 19 <b>51</b> , to <b>March 7</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>March 7</b> , 19 <b>53</b> , and that death occurred at <b>8:40 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Chas. L. Danne M.D.</b>				23b. ADDRESS <b>114 N. Main St., St. Chas., Mo.</b>		23c. DATE SIGNED <b>3-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 10, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>March 9, 1953</b>		REGISTRAR'S SIGNATURE <b>James Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Hallmeyer</b>		ADDRESS <b>St. Charles, Mo.</b>	

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

NOV 20 1962

FEB 11 1958

JUL 2 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 Frank R. Angles

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.