

26 1/2 x 8 1/2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19055

FILED MAY 25 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. CHARLES Mo 0923</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES Mo</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST. CHARLES</u>	
c. LENGTH OF STAY (In this place) <u>7 1/4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES. Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES. Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1000 No. BENTON AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1000 No. BENTON AVE</u>				d. STREET ADDRESS (If rural, give location) <u>1000 No. BENTON AVE.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>IGNATZ</u>		b. (Middle) <u>DANNE</u>		c. (Last) <u>DANNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>DEC. 26, 1888</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>HANNOVER, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DECORATING</u>		11. BIRTHPLACE (State or foreign country) <u>HANNOVER, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA DANNE (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NOT</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean F. Bell</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>315 CHAY ST. CHARLES Mo</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				8.9 yrs.	
		DUE TO (b) <u>Arteriosclerotic cardiovascular disease.</u>					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4201</u>	
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) m.		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 <u>3-5-</u> , 1951, to <u>5-2-</u> , 1953, that I last saw the deceased alive on <u>5-2</u> , 1953, and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. D. ... M.D.</u>				23b. ADDRESS <u>114 N. Main St., St. Chas., Mo.</u>		23c. DATE SIGNED <u>5-21-</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 22, 1953</u>		24c. NAME OF CEMETERY OR <u>LUTHERAN CEM. ST. CHARLES Mo</u>		24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 21 1953</u>		REGISTRAR'S SIGNATURE <u>Samuel ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prinster-Hughes Funeral Home</u>		ADDRESS <u>240 N. Kingsway ST. CHARLES Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side by C. L. Prinster. Mo.)

FEB 11 1958

NOV 20 1962

JUL 2 1953

MAY 21 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J W Bumbley*
Licensed Embalmer No. *3653*

P. O. Address *St Louis 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.