

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

STANDARD CERTIFICATE OF DEATH

6051 State File No. **22623**

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3-0-5-8** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY ST. 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) ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) O'FALLON	
c. LENGTH OF STAY (in this place) 9 MONTHS		d. STREET ADDRESS (If rural, give location) 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME			

3. NAME OF DECEASED (Type or Print)		a. (First) FLORIDA		b. (Middle) -		c. (Last) CLEARY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 29, 1953			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 16, 1876		9. AGE (In years last birthday) Months Days 76 9 13			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME JOSEPH MOSLANDER		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE DECEASED	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophile Stoumen, ST. CHARLES, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of bowel of unknown origin				INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				DUE TO (c) 10 yrs.	
		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 4500		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 **June 26, 1953**, to **June 29, 1953**, that I last saw the deceased alive on **June 26, 1953**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. E. Schurz M.D.		23b. ADDRESS St Charles Mo.		23c. DATE SIGNED June 30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 2 '53		24c. NAME OF CEMETERY OR CREMATORY SUNSET PARK	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		DATE REC'D BY LOCAL REG. June 30 1953		REGISTRAR'S SIGNATURE Thamie Hamilton	
25. FUNERAL DIRECTOR'S SIGNATURE Earl Keithly		ADDRESS O'Fallon Mo			

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1956

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 E. Keittly

Licensed Embalmer No. 877

P. O. Address Dallen 91

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.