

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2455

40

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Chas.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2104 N. 4th, Rear				d. STREET ADDRESS (If rural, give location) 2104 N. 4th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Kenneth		c. (Last) Barebo	
4. DATE OF DEATH		(Month) Jan.		(Day) 9,		(Year) 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 4, 1882	
9. AGE (In years last birthday) 71		10. MONTH 8		11. DAYS 5		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY farming			
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Barebo				13b. MOTHER'S MAIDEN NAME Philesta Lucas		14. NAME OF HUSBAND OR WIFE Ida Thoele	
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 Mrs. Ida Barebo, Saint 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Gen. Arterio sclerosis, 10 yrs.</u> 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. INTERVAL BETWEEN ONSET AND DEATH _____							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			
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) 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>Jan 11, 1954</u> , to <u>Jan 11, 1954</u> , that I last saw the deceased alive on <u>Jan 11, 1954</u> and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles H. Schuchman</u>				23b. ADDRESS <u>St Charles County Health Officer</u>		23c. DATE SIGNED <u>Jan 11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. <u>Jan 11-1954</u>		REGISTRAR'S SIGNATURE <u>Frank L. Himmelman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Dallenmyer</u>		ADDRESS <u>St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19

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. Hemalson
48226

Licensed Embalmer No. _____

P. O. Address *St. Charles, T*

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.