No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9780

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 79

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

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOSEPHS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES 0925 0
d. STREET ADDRESS (If rural, give location): 1037 CLAY STR

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): GERTRUDE
c. (Last): ISELE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 28 1954

5. SEX: F 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: JUNE 17 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: IN OWN HOME
11. BIRTHPLACE (State or foreign country): WASHINGTON MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN G. DROEGE
13b. MOTHER'S MAIDEN NAME: GERTRUDE M. ECKELER
14. NAME OF HUSBAND OR WIFE: JOHN I ISELE (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NOT
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: AGNES DROEGE, WASHINGTON, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage from Bleeding duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

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.
Pyonephrosis left Kidney, Fracture right femur. — 5 weeks

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 5410 F
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* March 28, 1954 *that I last saw the deceased alive on* March 28, 1954, *and that death occurred at* 10 45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent A. Schneider MD 0
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: 3/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MARCH 30, 1954
24c. NAME OF CEMETERY OR CREMATORY: ST. FRANCIS BORGIA CATH CEM
24d. LOCATION (City, town, or county) (State): WASHINGTON MO.

DATE REC'D BY LOCAL REG.: Mar 29 1954
REGISTRAR'S SIGNATURE: Fannie Hamilton 249-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. L. Prinster, 240 N. KINGSHIGHWAY ST. CHARLES, MO.

(Licensed Embalmer's Statement on Reverse Side) PRINSTER HUGHES INC.

VS NOV 30 1960

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 J Wm Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address St Louis 8 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.