

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11003

State File No. \_\_\_\_\_

FILED MAR 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY OR TOWN <b>Truesdale</b>	c. LENGTH OF STAY (In this place township) <b>55 yrs.</b>	c. CITY OR TOWN <b>Truesdale</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <b>1090</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>George</b>	c. (Last) <b>Ereiser</b>	4. DATE OF DEATH (Month) <b>March</b> (Day) <b>22</b> (Year) <b>1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 24, 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rural Mail Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Mail</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James E. Ereiser</b>	13b. MOTHER'S MAIDEN NAME <b>Louis</b>	14. NAME OF HUSBAND OR WIFE <b>Dora McNealy Ereiser</b>
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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 <b>Miss Eula Ereiser</b>	ADDRESS <b>Truesdale, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Bacterial Hypertensio</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Spuria Myocarditis &amp; Congestive</b>		
	DUE TO (c) <b>Spuria</b>		
19. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>4222</b>
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>4222</b> (COUNTY) _____ (STATE) _____
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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
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22. I hereby certify that I attended the deceased from Feb 16, 1954, to March 22, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 3:35 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Donald D. Schick</b>	23b. ADDRESS <b>Warrenton Mo</b>	23c. DATE SIGNED <b>3-23-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-24-54</b>	24c. NAME OF CEMETERY <b>Holy Rosary Church</b>	24d. LOCATION (City, town, or county) (State) <b>Truesdale, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-23-54</b>	REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F.W. Nieburg &amp; Co.</b>	ADDRESS <b>Warrenton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1954

APR 16 1954

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

Signature of Student Embalmer

Signed

John J. Lieburg

Licensed Embalmer No. 389

P. O. Address Warrenton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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