

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11008

State File No.

FILED MAR 29 1954 BIRTH NO. ... REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrette 1090</u>	
c. LENGTH OF STAY (In this place) <u>all</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. S.W. Dotzow Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles SW. Dotzow. Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u> b. (Middle) <u>M.</u> c. (Last) <u>Glosemeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/19/54</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 55, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dutzow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank Willenbrink</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Dieckhaus</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Glosemeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Glosemeyer, Marthasville, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	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. <u>Recurrent cholecystitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</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 Oct 10, 1926, to Mar 19, 1954; that I last saw the deceased alive on Mar 1, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.P.S. Chisold</u>		(Degree or title) <u>Emb</u>	23b. ADDRESS <u>Marthasville Mo</u>	23c. DATE SIGNED <u>3-21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincent's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dutzow, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3/21/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	334-	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Marthasville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0.48
90

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

Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, Missouri

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.