

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20057

State File No. 6051
Registrar's No. 132

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>2008</u>		State File No. <u>6051</u>		Registrar's No. <u>132</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Perry</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>				c. LENGTH OF STAY (If this place) <u>39 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Du Quoin</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Emmaus Home</u>				d. STREET ADDRESS (If rural, give location) <u>211 E. Main St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>GROESSMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 1, 1881</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>				
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Rev. Theophil Stoerker, St. Charles Mo.</u> ADDRESS <u>St. Charles</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis 10 yrs</u> 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 <u>10 yrs</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								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) <u>4201</u>							
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 <u>June 1st, 1954</u> , to <u>June 25th, 1954</u> , that I last saw the deceased alive on <u>June 2nd, 1954</u> , and that death occurred at <u>6:50 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>D.P. Erich Schutz, M.D.</u>						23b. ADDRESS <u>St. Charles, Mo.</u>			23c. DATE SIGNED <u>June 26, 1954</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.F. Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Du Quoin, Ill.</u>						
DATE REC'D BY LOCAL REG. <u>June 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bane, St. Charles, Mo.</u> ADDRESS _____							

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

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JUL 8 1934

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

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Charles, 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.