

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37930

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 121

0570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Troy Rural</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>	
c. LENGTH OF STAY (in this place) <u>3 Day</u>		d. STREET ADDRESS (If rural, give location) <u>09221</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Charles</u> c. (Last) <u>Mamle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 13, 1910</u>		9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gilmore, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jerome Mamle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schmucker</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Mamle</u>	
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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) <u>No None</u>		16. SOCIAL SECURITY NO. <u>498-09-0684</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Mamle</u> ADDRESS <u>Wentzville</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		ANTECEDENT CAUSES				3 days	
DUE TO (b) <u>Uremia</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 week	
DUE TO (c) <u>Lower Nephron Nephrosis</u>		II. OTHER SIGNIFICANT CONDITIONS				10 Yrs.	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>591 X A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 12/7, 1954 to 12/8, 1954, that I last saw the deceased alive on 12/7, 1954, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Bergesen</u> (Degree or title)		23b. ADDRESS <u>807 Wentzville, Mo</u>		23c. DATE SIGNED <u>12-9-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery</u> LOCATION (City, town, or county) <u>Wentzville</u> (State) <u>Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-11-54</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> 162		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. G. Titman Funeral Home</u> ADDRESS <u>Wentzville Mo</u>	
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MS
NOV 21 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 _____

Carlton F. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student *Carlton F. Pitman*.....
Student Embalmer

Signed *Samuel M. Stovian*

Licensed Embalmer No. 3055

P. O. Address *Westville*

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.