

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43107**

FILED JAN 7 1955

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4487** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) New Hamburg	c. LENGTH OF STAY (in this place) 72 yrs.	c. CITY OR TOWN New Hamburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		No. STREET ADDRESS (If rural, give location) None 1000	

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) c. (Last) DIRNBERGER	4. DATE OF DEATH (Month) (Day) (Year) December 26, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 17, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days	IF UNDER 4 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) New Hamburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Joseph Dannenmueller	13b. MOTHER'S MAIDEN NAME Martha Wehrle	14. NAME OF HUSBAND OR WIFE Andrew Dirnberger
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Cyrill Dirnberger	ADDRESS New Hamburg, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES DUE TO (b) Cardiac Decompensation		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 mo.
			yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **AUG. 9, 1954**, to **Dec. 26, 1954**, that I last saw the deceased alive on **Dec. 25, 1954**, and that death occurred at **1:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE M.P. Bregan	(Degree or title) D.O.	23b. ADDRESS Benton, Mo.	23c. DATE SIGNED Dec. 28, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cem.	24d. LOCATION (City, town, or county) (State) New Hamburg, Missouri
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DATE REC'D BY LOCAL REG. Dec-30-54	REGISTRAR'S SIGNATURE McAddie Harris	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	ADDRESS Cape Girardeau, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JAN 3 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 155-1

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 Virgil W. Welch
Licensed Embalmer No. 4100

P. O. Address Cape Girardeau

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.