

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. **12990**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **111**

1. PLACE OF DEATH
 a. COUNTY **Saint Charles**
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **Saint Charles** c. LENGTH OF STAY (in this place) **yrs**
 c. CITY OR TOWN **Saint Charles** d. In Residence within limits of a city or incorporated town? Yes No
 d. FULL NAME OF HOSPITAL OR INSTITUTION **1035 North Kingshighway** e. STREET ADDRESS (If rural, give location) **1035 North Kingshighway** **0923**

3. NAME OF DECEASED
 a. (First) **Anna** b. (Middle) _____ c. (Last) **Dobernig**
4. DATE OF DEATH (Month) (Day) (Year)
May 6, 1955

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **July 15, 1881** **9. AGE (In years last birthday)** **73** **IF UNDER 1 YEAR** **9** **MONTHS** **21** **IF UNDER 1 HR.** _____ **Hours** **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**
11. BIRTHPLACE (City and State or Foreign Country) **Austria** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Anton Froehwirth** **13b. MOTHER'S MAIDEN NAME** **Marie Purkt** **14. NAME OF HUSBAND OR WIFE** **Ludwig Dobernig**

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.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Ludwig Dobernig, Saint Charles, Mo.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion & Thrombosis**
INTERVAL BETWEEN ONSET AND DEATH **2 hrs**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive C.V.D.** **3 yrs**
DUE TO (c) **Gen. arterio Sclerosis** **5 yrs.**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** **4/201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 4-19-55, 19 to 5-6-55, 1955, that I last saw the deceased alive on 2-27-55, 1955, and that death occurred at 5 AM, from the causes and on the date stated above.

23a. SIGNATURE **R. Rudke** (Degree or title) **MD** **23b. ADDRESS** **St Charles MO** **23c. DATE SIGNED** **MAY 7 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **May 9, 1955** **24c. NAME OF CEMETERY OR CREMATORY** **St. Peter's Cemetery** **24d. LOCATION (City, town, or county) (State)** **Saint Charles, Mo.**

DATE REC'D BY LOCAL REG. **MAY 8 1955** **REGISTRAR'S SIGNATURE** **284-11** **25. FUNERAL DIRECTOR'S SIGNATURE** **D.C. Dalbey** **ADDRESS** **St. Charles, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

723
1

MAY 17 1955

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.....
Frank R. Amalung

Licensed Embalmer No.....
48

P. O. Address.....
St. Charles

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.