

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13013**

FILED APR 25 1955

REG. DIST. NO. **304** PRIMARY REG. DIST. NO. **6046** Registrar's No. **11**

0920

0920
0

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Melle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Melle	
c. LENGTH OF STAY (in this place) lifetime		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) E.	
		c. (Last) Karrenbrock	
4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 13, 1870
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 5 Hours 5 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) St. Charles Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore Borgberg		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Edward Karrenbrock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Edward Karrenbrock, New Melle, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Impairment of eye	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 444 X	
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) (Min.)		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 April 18, 1955 , to April 18, 1955 , that I last saw the deceased alive on April 18, 1955 , and that death occurred at 2:20 p.m., from the cause and on the date stated above.			
23a. SIGNATURE J. C. Johnson (Degree or title) Dr.		23b. ADDRESS Methodistville Mo	
23c. DATE SIGNED 4/19/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1955	
24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		24d. LOCATION (City, town, or county) (State) New Melle, Missouri	
DATE REC'D BY LOCAL REG. 4/21/55		REGISTRAR'S SIGNATURE Walter P. ... ADDRESS 408	
25. FUNERAL DIRECTOR'S SIGNATURE Walter P. ...		ADDRESS Wentzville Mo.	

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address. Wentzville, 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.