FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27350

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 9

1. PLACE OF DEATH

a. COUNTY: St. Charles

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Femme Osage)

c. LENGTH OF STAY (in this place): 10 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vine Hill Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Charles

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Femme Osage) 0920

d. STREET ADDRESS (If rural, give location): Vine Hill Community

3. NAME OF DECEASED (Type or Print)

a. (First): Arline

b. (Middle): K.

c. (Last): Ficht

4. DATE OF DEATH (Month) (Day) (Year): August 26 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 18, 1907

9. AGE (In years last birthday): 47

IF UNDER 1 YEAR: Months ~~11~~ Days ~~8~~

IF UNDER 24 HRS.: 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 Farm Home

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edgar Grumke

13b. MOTHER'S MAIDEN NAME: Julia Giesmann

14. NAME OF HUSBAND OR WIFE: Leo H. Ficht

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.: —

17. INFORMANT'S SIGNATURE OR NAME: Leo H. Ficht

ADDRESS: Defiance, 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, asthenia, 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)	Chr. Myocarditis	5 yrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypotension	4 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	General Anemia	3 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4222

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* Mar 1, 1950, *to* Aug 26, 1955, *that I last saw the deceased alive on* Aug 26, 1955, *and that death occurred at* 4:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. C. Johnson M.D.

23b. ADDRESS: Marthasville Mo

23c. DATE SIGNED: Aug 25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 28, 1955

24c. NAME OF CEMETERY OR CREMATORY: Hiram Cemetery

24d. LOCATION (City, town, or county) (State): Mason Road St. Louis Mo.

DATE REC'D BY LOCAL REG.: August 30, 1955

REGISTRAR'S SIGNATURE: Mrs Viola Fluesmeier 399-0

25. FUNERAL DIRECTOR'S SIGNATURE: Marvin Muschany

ADDRESS: Wentzville

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1956

JUL 31 1956

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 Marvin Muschamp

Licensed Embalmer No. 2461

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.