

FILED DEC 13 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 37898

BIRTH NO.		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Rural- Dardenne		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) New Melle		e 920	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile West Of Weldon Springs, Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Lisette		c. (Last) Heitgerd	
4. DATE OF DEATH (Month) (Day) (Year)		Dec. 4, 1955		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Widowed		8. DATE OF BIRTH Oct. 13, 1879		9. AGE (In years) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Dwn Home		St. Charles Co, Missouri		U.S.A.	
13a. FATHER'S NAME George Nessler		13b. MOTHER'S MAIDEN NAME Margaret Tasfeld		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Nessler O'Fallon, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Degeneration				8 yrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				10 yrs	
		DUE TO (b) Hypertension					
		DUE TO (c) Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 9-7-22, 1948 to Dec 3, 1955, that I last saw the deceased alive on Dec 1, 1955, and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. E. Borgesen				23b. ADDRESS 40. Wentzville		23c. DATE SIGNED 12-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran		24d. LOCATION (City, town, or county) (State) Harvester, Missouri	
DATE REC'D BY LOCAL REG. Dec 6-55		REGISTRAR'S SIGNATURE E A Keithley 280		25. FUNERAL DIRECTOR'S SIGNATURE Morris Muehling		ADDRESS Wentzville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

**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 Keasler

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.