

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2490

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>475</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		c. LENGTH OF STAY (In this place) <u>18 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		d. STREET ADDRESS (If rural, give location) <u>6720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) _____ c. (Last) <u>Karrenbrock</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 27 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 5, 1873</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Karrenbrock</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gerdemann</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Karrenbrock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-5523</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Karrenbrock Wentzville, MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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 <u>Oct. 19 1956</u> , to <u>you</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/27</u> , 19 <u>56</u> , and that death occurred at <u>2:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.C. Mc Murray M.D.</u>				23b. ADDRESS <u>Wentzville, MO</u>		23c. DATE SIGNED <u>1/30/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Moscow Mills, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2 1956</u>		REGISTRAR'S SIGNATURE <u>Matthew J. Hoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Muschany</u>		ADDRESS <u>Wentzville, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

1967 3 31 1967

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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 complete the above constitutes grounds for revocation of license.)

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