

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21628

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 8

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| 1. PLACE OF DEATH a. COUNTY ST. CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY ST. CHARLES | |
| b. CITY (If outside corporate limits, write RURAL and give township) O'FALLON | | c. CITY (If outside corporate limits, write RURAL and give township) O'FALLON | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ROEPER NURS. HOME | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ANNA | b. (Middle) - | c. (Last) JAMES | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 8-1956 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Indicate) | 8. DATE OF BIRTH NOV. 21-1874 |
| 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (State or foreign country) ST. CHARLES Co Mo | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME JOSEPH CRUSE | 13b. MOTHER'S MAIDEN NAME NOT KNOWN | 14. NAME OF HUSBAND OR WIFE FRANK JAMES DEOD |
| 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. NONIE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Marie Heintzelman 8 Charles |

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| 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) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Senility | | | |

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| 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) 331x |
| 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 Dec 25, 1953, to June 8, 1956 that I last saw the deceased alive on June 7, 1956 and that death occurred at 6:30 pm. from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Harold A. Mangold DO | 23b. ADDRESS O'Fallon Mo | 23c. DATE SIGNED June 11, 1956 |
| 24a. BURIAL, CREMATION, REMOVAL, etc. | 24b. DATE 6-11-1956 | 24c. NAME OF CEMETERY OR CREMATORY ST. PAUL |
| | | 24d. LOCATION (City, town, or county) (State) ST. PAUL Mo. |

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| DATE REC'D BY LOCAL REG. June 11 56 | REGISTRAR'S SIGNATURE E. A. Keeley | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS E. A. Keeley O'Fallon Mo. |
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FEB 18 1959

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 E. K. Keith

Licensed Embalmer No. 877

P. O. Address Fallon 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.