FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36485

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2514

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN University City 4376 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hospital — Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 7841 Gannon Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Emma Middle Last Jaeschke		4. DATE OF DEATH Month Day Year Oct. 23, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH May 9,1874
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	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 At Home	11. BIRTHPLACE (City and state or country) Warren Co.,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Hoelscher		14. MOTHER'S MAIDEN NAME Kathern Hanslek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Mo (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-10-8168	17. INFORMANT Address Mrs.Arthur Nortrup, Warrenton,Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH [illegible]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7954

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert R. Domke, M.D., Local Registrar	22b. ADDRESS 651 S.Brentwood Blvd.	22c. DATE SIGNED 11/1/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-25-56	23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) Warrenton,Mo.		
24. FUNERAL DIRECTOR ADDRESS Nieburg Funeral Home, Warrenton,Mo.	25. DATE RECD. BY LOCAL REG. 10-24-56	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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