

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
40069

Registration District No. 312 Primary Registration District No. 546 Registrar's No. 2754

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 OVERLAND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OVERLAND 42670		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4439 GOTHLAND		Length of stay in lb 23 years	d. STREET ADDRESS (If outside, give location) 2439 GOTHLAND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) THEODORE First EDMUND Middle DUEHLMEIER Last			4. DATE OF DEATH Month 11 Day 23 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-19-1902	9. AGE (In years and birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY POULTRY & EGG CO.	11. BIRTHPLACE (City and state or country) LITCHFIELD MINN.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HENRY DUEHLMEIER			14. MOTHER'S MAIDEN NAME EMMA LISKE		
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. 487-26-3212	17. INFORMANT Dorothy DUEHLMEIER Address 2439 GOTHLAND		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial IN FArction Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200					INTERVAL BETWEEN ONSET AND DEATH 1 Hour 2-years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 9:55 Month 11 Day 23 Year 1956 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Feb. 1956 to _____ and last saw her alive on Feb 1956 Death occurred at 9:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. Schell M.D. (Degree or title)			22b. ADDRESS 1617 Brynwood ST. LOUIS 17 MO.		22c. DATE SIGNED 23 Nov 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-26-56	23c. NAME OF CEMETERY OR CREMATORY LAUREL Hill CEM.		23d. LOCATION (City, town, or county) (State) PAGE DALE MO
24. FUNERAL DIRECTOR EARL HILFMAN ADDRESS OVERLAND MO		25. DATE RECD. BY LOCAL REG. 11-22-56		26. REGISTRAR'S SIGNATURE Herbert B. Dombke M.D. ST.	

(Licensed Embalmer's Statement on Reverse Side)

dicator, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed *Earl J. Hellemann*.....

Licensed Embalmer No. *350*

P. O. Address *Orleans*.....

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.