

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42548**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY St. Charles, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles	c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Robertson, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		STREET ADDRESS (If rural, give location) Robertson, Mo. Rt. 2 Box 529	

3. NAME OF DECEASED (Type or Print) a. (First) Henrietta b. (Middle) ii c. (Last) F. Mareschal	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1956
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1872 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Prouhet	13b. MOTHER'S MAIDEN NAME Theresa Loraine	14. NAME OF HUSBAND OR WIFE Joseph E. Mareschal
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph E. Mareschal
		ADDRESS Robertson

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Day
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. Arteriosclerosis secondary 1912		
	DUE TO (b)	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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)	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 26, 1956**, to **Dec 29, 1956**, that I last saw the deceased alive on **Dec 29, 1956**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Paganini, MD	(Degree or title)	23b. ADDRESS St Charles Mo	23c. DATE SIGNED Dec 31 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery Florissant	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG Dec 31 1956	REGISTRAR'S SIGNATURE Hannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Colliers Mortuary	ADDRESS 10128 St. Chas. R.
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(Licensed Embalmer's Statement on Reverse Side)

St Annas 710

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Kister

8/20/22

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..... Sheldon Collier

Licensed Embalmer No 330

P. O. Address 10123 St. 6

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.