

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. **43237**
Registrar's No. **10308**

BIRTH NO. 84636-56		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10308	
1. PLACE OF DEATH a. COUNTY				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) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 18 hrs		c. CITY OR TOWN 4000 MEHLVILLE 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA Hosp				e. STREET ADDRESS (If rural, give location) R-8-Box 477			
3. NAME OF DECEASED (First) Charlotte (Middle) Ikemeier (Last) Ikemeier			4. DATE OF DEATH (Month) (Day) (Year) 11-10-56				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY		8. DATE OF BIRTH 11-10-56	
9. AGE (In years last birthday) 19 5		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS Co, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES IKEMEIER		13b. MOTHER'S MAIDEN NAME GERALDINE KOHLBERG		14. NAME OF HUSBAND OR WIFE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MR CHARLES IKEMEIER ADDRESS R-8-Box 477 MEHLVILLE Mo			
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					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) atelectasis					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) immaturity					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 2 1/2 hrs gestation					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7.62.5				20. AUTOPSY? YES <input checked="" 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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-10-1956 to 11-10-1956 that I last saw the deceased alive on 11-10-1956 and that death occurred at 11:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. O. Riley M.D.				23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 11-11-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 12-1956		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM.		24d. LOCATION (City, town, or county) (State) LEMA, MO	
DATE REC'D BY LOCAL REG. NOV 13 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home ADDRESS MEHLVILLE Mo			

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

NOT EMBALMED
J. Paul [Signature]

Licensed Embalmer No.....

P. O. Address.....

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.