

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

57 021623
State File No.

BIRTHDAYS FILED JUN 26 1957 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Unknown Mo. b. COUNTY <input checked="" type="checkbox"/>	
b. CITY OR TOWN HILLSBORO, MO.		c. CITY OR TOWN ST. LOUIS MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle)	c. (Last) IDLER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DONT KNOW	8. DATE OF BIRTH MARCH 29 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) SWITZERLAND	12. CITIZEN OF WHAT COUNTRY? UNKNOWN
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13a. FATHER'S NAME Idler DONT KNOW	13b. MOTHER'S MAIDEN NAME DONT KNOW Stickley	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-06-1590A	17. INFORMANT'S SIGNATURE OR NAME CEDAR GROVE NURSING HOME	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 10-DAYS
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **MARCH 1956** to **JUNE 1957**, that I last saw the deceased alive on **JUNE 8, 1957**, and that death occurred at **5:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Daska MD	23b. ADDRESS 3606 Grannis St. Louis Mo	23c. DATE SIGNED 6-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-57	24c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY	24d. LOCATION (City, town, or county) (State) FESTUS MISSOURI
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DATE REC'D BY LOCAL REG. 6-20-57	REGISTRAR'S SIGNATURE Chas. B. ...	GENERAL DIRECTOR'S SIGNATURE Chas. B. ...	ADDRESS City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

JUN 24 1957

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 *Quincy P. Pelitte*.....

Licensed Embalmer No. *348*

P. O. Address *Crystal C.*

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.