

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

46811

State File No.

FILED DEC 30 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3176

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
a. COUNTY <u>St. Louis</u>		-a.-STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Lottie</u>	b. (Middle) <u>IRENE</u>	c. (Last) <u>Dall</u>	(Month) <u>12</u>	(Day) <u>13</u>	(Year) <u>57</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1909</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA American</u>
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13a. FATHER'S NAME <u>Elmer Mathes</u>	13b. MOTHER'S MAIDEN NAME <u>Oswell</u>	14. NAME OF HUSBAND OR WIFE <u>Jack St. Charles RRT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack H. Hall</u>	ADDRESS <u>as above</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u>		
	DUE TO (c) <u>Primary transitional cell carcinoma of urinary bladder</u>		
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 <u>181X</u>	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 9/30, 1957 to 12/13, 1957, that I last saw the deceased alive on 12/13, 1957, and that death occurred at 5:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Farley D.D.</u>	23b. ADDRESS <u>6003 Lillian Howard</u>	23c. DATE SIGNED <u>12/13/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>12-16-57 Herbert Rhoads</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Daalmeijer</u>	ADDRESS <u>St. Charles, Mo.</u>
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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 *Frank R. [unclear]*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

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.