THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4063

STATE FILE NUMBER

FILED JAN 28 1958

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Ste. Genevieve	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo b. COUNTY Ste Genevieve
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ste. Genevieve — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Ste. Genevieve 0951 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 626 Rozier — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: M Last: Glaser

4. DATE OF DEATH Month: Jan Day: 20 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: March 18 1873

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): River Aux Vases, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Xavier Jokerst

14. MOTHER'S MAIDEN NAME: Catherine Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Francis Glaser Ste. Genevieve Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Aug 20, 1957, to Jan 20, 1958 and last saw her/him alive on Jan 20, 1958. Death occurred at 10:30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. C. Lawning M.D.

22b. ADDRESS: Ste. Genevieve

22c. DATE SIGNED: 1/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-23-58

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): Ste. Genevieve Mo

24. FUNERAL DIRECTOR: Jerome H Stanton — ADDRESS: Ste Genevieve Mo

25. DATE RECD. BY LOCAL REG.: 1/22/58

26. REGISTRAR'S SIGNATURE: Lucille Barler

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 0951 1-56

Doctor, 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4.11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Ste Genevie

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.