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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006163
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY JEFFERSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN CRYSTAL CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~NONE~~ 109 Broadway — Length of stay in lb	d. STREET ADDRESS (If outside, give location) 109 BROADWAY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: ANNA	Middle: ELIZABETH	Last: MECHELHOFF	4. DATE OF DEATH Month Day Year: 2-17-58
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 10-9-1874	9. AGE (In years last birthday): 83 — 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): HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (City and state or country): ST GENEVIEVE CO. MO.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: VALENTINE HERMAN	13b. MOTHER'S MAIDEN NAME: MARY STETZEL	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 220 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: HERBERT MECHELHOFF	Address: CRYSTAL CITY, MO.	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Neoplasma of G.I. tract

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

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 159X

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 Oct 3, 57, to Feb 17, 58 and last saw her/him alive on Feb 17, 58

Death occurred at 12:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: Fenton, Mo	22c. DATE SIGNED: 2/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 2-19-58	23c. NAME OF CEMETERY OR CREMATORY: CATHOLIC CEMETERY
23d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR ADDRESS: GENTRY R. POLITTE CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG.: 2-20-58	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be [illegible]
All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
FEB 25 1958

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 Gurney R. Pelletier

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.