

FILED MAR 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006224

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 32

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>JEFFERSON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>ROCK TOWNSHIP</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		a. STATE <b>MO</b>		b. COUNTY <b>JEFFERSON</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FOUR OAKS REST</b>			Length of stay in 1b <b>26 MONTH</b>	c. CITY OR TOWN <b>NEAR KIMMSWICK MO</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET (If outside, give location) ADDRESS <b>R.R. IMPERIAL</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)		
First <b>LOUISA</b>		Middle <b>B.</b>		Last <b>WICK</b>		Month Day Year <b>MAR. 3 1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>OCT. 13, 1872</b>		9. AGE (In years last birthday) <b>85</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (City and state or country) <b>STATE OF MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>JOHN SCHWARTZ</b>				14. MOTHER'S MAIDEN NAME <b>ABOLONE BELIM</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>JULE WICK 6209 WEBER ROAD</b>				
18. CAUSE OF DEATH [Enter only one cause <i>or</i> (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cor. Myocarditis</b> <b>Arterio sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4221</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kimmswick Jefferson Mo</b>		STATE <b>Mo</b>		
21. I attended the deceased from <b>June 1957</b> to <b>March 1958</b> and last saw him alive on <b>March 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>Imperial, Mo</b>		22c. DATE SIGNED <b>2/3/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>MAR. 3 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAULS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>HIGHLAND ILL.</b>			
24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>				25. DATE RECD. BY LOCAL REG. <b>3-3-58</b>		26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 12 1958

MAR 14 1958

APR 17 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

*Elmer Herbig*

Licensed Embalmer No. 35

P. O. Address *Imperial*

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.