

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006874
State File No.

FILED FEB 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>731</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY OR TOWN <u>ST. PETERS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>0920</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle)		c. (Last) <u>MARHEINEKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1958</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>AUG 2, 1869</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES MISSOURI</u>	
11a. FATHER'S NAME <u>JOHN JOERDEN</u>		11b. MOTHER'S MAIDEN NAME <u>ELIZABETH MUELLER</u>		14. NAME OF HUSBAND OR WIFE <u>EMIL MARHEINEKE (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH F. MARHEINEKE, ST. CHARLES, MO</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Bowel</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>1539</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Feb 15, 1958</u> to <u>Feb 13, 1958</u> that I last saw the deceased alive on <u>Feb 13, 1958</u> , and that death occurred at <u>9:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Don J. Randall, M.D.</u>				23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>Feb 15, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 17 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALL SAINTS CATH CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. PETERS MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 15 58</u>		REGISTRAR'S SIGNATURE <u>Marguerite Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Truette, St. Charles, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

J W Binkley

Licensed Embalmer No. *365*

P. O. Address *St Louis*

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.