

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011197

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 23

300

-57

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>0928</u> a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Emmaus Home</u>	
Length of stay in 1b <u>11 Days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JENNIE LISTON</u>			4. DATE OF DEATH Month Day Year <u>March 28 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 7, 1879</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Keisker</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Munniger</u>	
14. NAME OF HUSBAND OR WIFE <u>THOMAS LISTON</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>J. H. McMahon Jennings, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u> DUE TO (b) <u>Fracture Right femur</u> DUE TO (c) <u>Mental Severity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>10 days</u>
20a. ACCIDENT <input checked="" 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.) <u>Fell at Emmaus Home</u>		
20c. TIME OF INJURY Hour a.m. <u>March 18, 1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>092</u>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Death occurred at <u>6:45 AM</u> <u>Dec 1957</u> to <u>March 1958</u> and last saw her <u>alive on</u> <u>March 1958</u>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Dawn H. Poggemier MD</u>		22b. ADDRESS <u>200 clay St Charles, Mo</u>	22c. DATE SIGNED <u>March 29, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 31, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter &amp; Paul</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Math Hermann Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>MAR. 28-58</u>	26. REGISTRAR'S SIGNATURE <u>Maurella Wilson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MATH. HERMANN  
2161 E. FAIR AVE.,  
ST. LOUIS MO.

APR 4 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 *Allen W. Katz* .....

Licensed Embalmer No. *3737* .....

P. O. Address *St. Louis Mo* .....

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.