

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012805  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>STE. GENEVIEVE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BLOOMSDALE, MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BLOOMSDALE, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BLOOMSDALE</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>BLOOMSDALE</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>ANDREW</b>				First		Middle		Last	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>FEB 15, 1872</b>		4. DATE OF DEATH <b>APRIL 6 1958</b>	
		WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>BLACKSMITH</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>WINGARTEN, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>ADAM RUEBSAM</b>				14. MOTHER'S MAIDEN NAME <b>TRESIA ISENMAN</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>494-38-5782</b>		17. INFORMANT <b>Mrs Emma Drury</b> Address <b>Bloomdsale, Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Haemorrhage</b> <b>Arterial Hypertension</b> DUE TO (c) <b>Chronic Myocarditis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>3 to 3 days</b> <b>3 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>H43X</b>								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>H43X</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 type="checkbox"/>						
			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <b>MISSOURI</b> COUNTY STATE			
21. I attended the deceased from <b>1955</b> to <b>April 6-58</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>April 5-58</b> Death occurred at <b>8:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>W. W. O.</b>					22b. ADDRESS <b>St Genevieve Mo</b>		22c. DATE SIGNED <b>4-8-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
<b>BURIAL</b>		<b>APRIL 9, 1958</b>		<b>ST. PHILOMENA CEMETERY</b>			<b>BLOOMSDALE, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>Jermey Stutz</b> ADDRESS <b>St Genevieve Mo</b>				25. DATE RECD. BY LOCAL REG. <b>April 8, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Knull Basler</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

0300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms will be listed. Cause of death must be typed in full. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

481 0

**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 *James A. Taylor*.....

Licensed Embalmer No. *28*.....

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

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.