

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024223

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 53

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>WEINGARTEN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>09500 WEINGARTEN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>LIFE</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT F. X. DONZE</b>			4. DATE OF DEATH Month Day Year <b>JULY 3 1958</b>
5. SEX <b>MALE</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>DEC 3 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>WEINGARTEN MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>JOHN N DONZE</b>	
13b. MOTHER'S MAIDEN NAME <b>ANNA DONZE</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA BURLE</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>702-18-2277</b>	17. INFORMANT Address <b>Wilson Donze Weingarten 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>CORONARY Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio Sclerotic Heart Disease</b> DUE TO (c) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <b>9-4-55</b> to <b>7-3-58</b> and last saw him alive on <b>6-27-58</b> Death occurred at <b>9:45</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>G. H. De Genova MD</b>		22b. ADDRESS <b>St. Genevieve, Mo</b>	22c. DATE SIGNED <b>7-5-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>JULY 6 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LADY HELP OF CHRISTIANS</b>	23d. LOCATION (City, town, or county) (State) <b>WEINGARTEN MO</b>
24. FUNERAL DIRECTOR <b>Res. Butler St. St. Genevieve Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7/5/58</b>	26. REGISTRAR'S SIGNATURE <b>J. H. Butler</b>

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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 *Adrian J. Elbe* .....

Licensed Embalmer No. *4740* .....

P. O. Address *Ste. Genevieve* .....

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.