

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035147 ✓

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 319

Primary Registration District No. 6077

Registrar's No. 64

3. 300
1-57

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEINGARTEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEINGARTEN MO 950		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY ROSINA BURLE			4. DATE OF DEATH Month Day Year OCT 9 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 17 1906		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 52 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WEINGARTEN MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME BERTHOLONIEM BAUMAN		13b. MOTHER'S MAIDEN NAME BALBINO SCHWENT		14. NAME OF HUSBAND OR WIFE JOSEPH BURLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address Joseph Burle Weingarten Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE MYOCARDIOSIS					INTERVAL BETWEEN ONSET AND DEATH 16 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) HYPEROXYGENIC HEART DISEASE					6 mos
DUE TO (c) 345X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIO SCLEROSIS, GENERALIZED					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 SEPT 5, 1958 to OCT 9, 1958 and last saw her ^{her} _{him} alive on OCT 8, 1958 Death occurred at 6:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. N. De Genova MD			22b. ADDRESS Ste Genevieve Mo		22c. DATE SIGNED 10-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/11/58	23c. NAME OF CEMETERY OR CREMATORY LADY HELP OF CHRISTIANS		23d. LOCATION (City, town, or county) (State) WEINGARTEN MO
24. FUNERAL DIRECTOR Geo. C. Bachler Co. Genevieve Mo		ADDRESS		25. DATE RECD. BY LOCAL REC. 10-10-58	26. REGISTRAR'S SIGNATURE John Bachler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Health,
& Welfare
Public
Service

OCT 22 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 *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *St. Denver*

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.