

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041152

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jeff. Sb. Rest Home			Length of stay in 1b 3 yrs.		d. STREET ADDRESS (If outside, give location) 1301 N. Fifth St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Angeline Kruse				4. DATE OF DEATH Month Day Year Nov. 12, 1958					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1870		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours Mins. 10 7	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Louis Spinks				14. MOTHER'S MAIDEN NAME Amanda Gates					
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. None		17. INFORMANT Address Mrs. Katherine Golden, St. Charles, 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) <u>Pneumonia</u> <u>Chronic Bronchitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Emphysema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>15 hr</u>		
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.) <u>5020</u>			
20c. TIME OF INJURY Hour 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		COUNTY		STATE	
21. I attended the deceased from <u>Jan 1952</u> to <u>Nov 1957</u> and last saw her <u>alive</u> on <u>Nov 12, 1958</u> . Death occurred at <u>6:00 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Wm H Roggenstein MD</u>				22b. ADDRESS <u>St Charles Mo</u>			22c. DATE SIGNED <u>11-13-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Charles County, Mo.</u>				
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer & SONSCO., St. Charles Mo.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov 13-58</u>		26. REGISTRAR'S SIGNATURE <u>Melissa Wilson</u>		

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service, 00 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank R. Amalson*

Licensed Embalmer No. 4

P. O. Address *St. C.*

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.