

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011701

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 806

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY St Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland 4230		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shepherd N Home		Length of stay in lb 2 wks	d. STREET ADDRESS (If outside, give location) 9508 W Milton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Last Rongey			4. DATE OF DEATH Month Mar Day 24 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 28 1880	9. AGE (In years last birthday) 78	FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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) Lawrenceton Mo 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Theodore AuBuchon		13b. MOTHER'S MAIDEN NAME Pelagie M. Cora-B. David		14. NAME OF HUSBAND OR WIFE unk.	
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 Josephine Jost Overland 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) Chronic Endocarditis					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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) _____					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.) ITEM 13b, 23b CORRECTED			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF Funeral Director 4-27-59 JEP			
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.) Own		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 9 1958 to Mar 24-59 and last saw her ^{her} _{him} alive on March 19-59 Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print or title) J. Jost			22b. ADDRESS 3700 N. Grand Ave		22c. DATE SIGNED 3/24/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/27/59	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) St Louis Mo
24. FUNERAL DIRECTOR Ortmann F Home		ADDRESS 9222 Lackland Overland		25. DATE RECD. BY LOCAL REG. 3-25-59	26. REGISTRAR'S SIGNATURE Jahn C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Samuel Stipanovic, Student Embalmer No. 575 working under my personal supervision.

Student Samuel Stipanovic
Signature of Student Embalmer

Signed A. C. Outmann

Licensed Embalmer No. 3478

P. O. Address

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.