THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014546
STATE FILE NUMBER

FILED MAY 1 1959

Registration District No. 30-4 Primary Registration District No. 6048 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): New Melle — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: New Melle 0920 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Theophil Middle: John Last: Karrenbrock
4. DATE OF DEATH: Month: April Day: 26 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 21, 1879
9. AGE (In years last birthday): 79 — IF UNDER 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): Cream Tester
10b. KIND OF BUSINESS OR INDUSTRY: Creamery
11. BIRTHPLACE (City and state or country): New Melle, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Karrenbrock
13b. MOTHER'S MAIDEN NAME: Louise (unknown)
14. NAME OF HUSBAND OR WIFE: Magdalena Karrenbrock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-18-8191
17. INFORMANT: Magdalena Karrenbrock Address: New Melle, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MEDULLARY FAILURE	1 HOUR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CEREBRAL THROMBOSIS	3 DAYS
DUE TO (c)	CEREBRAL ARTERIOSCLEROSIS 332X	20 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): LEFT VENTRICULAR HYPERTROPHY & DECOMPENSATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 28 JAN 58, to 24 APR 59 and last saw him alive on 24 APR 59
Death occurred at 9:20 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren B. Hamilton D.O.
22b. ADDRESS: Wentzville Mo.
22c. DATE SIGNED: 4-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 29, 1959
23c. NAME OF CEMETERY OR CREMATORY: Warrenton City
23d. LOCATION (City, town, or county) (State): Warrenton, Missouri

24. FUNERAL DIRECTOR: Morris Muschamp ADDRESS: Wentzville, Mo.
25. DATE RECD. BY LOCAL REG.: April 29 1959
26. REGISTRAR'S SIGNATURE: Martin F. Ruff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Howard O Kesler

Licensed Embalmer No. 4631

P. O. Address Wentzville,

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.