

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022565

FILED JUL 13 1959

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Charles									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN O'Fallon Mo		Length of stay in 1b		c. CITY OR TOWN O'Fallon Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Roper Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) O'Fallon Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle M Last Terveer				4. DATE OF DEATH Month July Day 5 Year 1959									
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 9/12/1873		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME John B Moormann				13b. MOTHER'S MAIDEN NAME Cathrine Kuchenbuch				14. NAME OF HUSBAND OR WIFE George Terveer					
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. No		17. INFORMANT Address John Terveer St Ann 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>Cerebral Vascular Accident</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Head Disease</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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>5-10-59</u> to <u>7-5-59</u> and last saw her <u>him</u> alive on <u>7-5-59</u> Death occurred at <u>6:45</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Rene J DuMontier</u> (Degree or title)				22b. ADDRESS <u>O'Fallon Mo</u>				22c. DATE SIGNED <u>7-6-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 8/59		23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		23d. LOCATION (City, town, or county) O'Fallon Mo. (State)							
24. FUNERAL DIRECTOR ADDRESS Keithly Funeral Home O'Fallon Mo.				25. DATE RECD. BY LOCAL REG. 7-7-1959		26. REGISTRAR'S SIGNATURE Ed. Keithly							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1959

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

E. A. Keith

Licensed Embalmer No. 82

P. O. Address Dallas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.