

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023712

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1605

300

-57

60

0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4860
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 120 E. Felton		Length of stay in lb YRS	d. STREET ADDRESS (If outside, give location) 120 E. Felton
3. NAME OF DECEASED (Type or print) First Arganie Middle Du Perow Last Du Perow		4. DATE OF DEATH Month June Day 11 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 March 21, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY St. Home	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
11. BIRTHPLACE (City and state or country) Mehlville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hackmann		13b. MOTHER'S MAIDEN NAME Emma Schwaab	
14. NAME OF HUSBAND OR WIFE Percival		17. INFORMANT Address Percival Du Perow 120 E. Felton, Lemay, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease.		5 yrs.	
DUE TO (c) chronic cholecystitis and cholelithiasis.		4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic cholecystitis and cholelithiasis.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1	
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.) 4200	
20c. TIME OF INJURY Hour 10:10 P.M. Month, Day, Year Jan 10 1959 a.m. 0 p.m. 0		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 1956 to death and last saw ^{her} him alive on Jan 10 1959 Death occurred at 10:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John G. Kellett, M.D. 22b. ADDRESS 2314 Telegraph Ra.	
22c. DATE SIGNED 12 June		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 15, 1959		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.		24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 781 1/2 So. Broadway St. Louis, Mo.	
25. DATE RECD. BY LOCAL REG. 6-13-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	

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 *John J. Henneley*
Licensed Embalmer No. *4194*
P. O. Address *St. Louis*

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.