

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041434

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6051 Registrar's No. 267

ENDED

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in 1b 5 YEARS	c. CITY OR TOWN BELLEVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 915 E. D. STREET
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First AMALIA Middle — Last SCHESKE			4. DATE OF DEATH Month NOVEMBER Day 11 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 22, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME AUGUST SCHESKE		13b. MOTHER'S MAIDEN NAME FREDERICKA BALHAUS		14. NAME OF HUSBAND OR WIFE —	
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. —		17. INFORMANT Theophil Stouken, 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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized Arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 St Charles Mo	COUNTY Mo	STATE Mo
21. I attended the deceased from 1952 to Nov 1959 and last saw her Nov 11, 1959 Death occurred at 6:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W A Roggemier MD (Degree or title)		22b. ADDRESS St Charles Mo		22c. DATE SIGNED Nov 11, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/11/59	23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD CEM.	23d. LOCATION (City, town, or county) (State) Belleville Ill	

24. FUNERAL DIRECTOR Gundlach Funeral Home Belleville Ill		25. DATE RECD. BY LOCAL REG. Nov. 11 - 59	26. REGISTRAR'S SIGNATURE Marella Wilson
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Arthur C. Bane*

Licensed Embalmer No. 2151

P. O. Address *H. C. Bane*

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.