

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

'59 045137

STATE FILE NUMBER

Registration District No. 308 Primary Registration District No. 6049 Registrar's No. 8

MEMBERED

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| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Femme Osage township | | Length of stay in 1b 20 yrs. | c. CITY OR TOWN Augusta Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Wentzville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Louis W. Hanke | | | 4. DATE OF DEATH Month Day Year Dec. 23, 1959 | |
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| 5. SEX Male | 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 2-5-73 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | 11. BIRTHPLACE (City and state or country) Warren County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Wilhelm Hanke | 13b. MOTHER'S MAIDEN NAME Friederika Potthast | 14. NAME OF HUSBAND OR WIFE Lizzie (decd) |
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| 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. 498-40-8245 | 17. INFORMANT Mrs. Ernst Moellering | Address R.R. Augusta, Mo. |
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| 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) Pneumonia, lobar | | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypostatic lung congestion | 1 wk |
| | DUE TO (c) Myocardial failure | 1 wk |
| 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 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 |
|--|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from March 1958 to Dec. 23, 1959 and last saw him alive on Dec. 8, 1959 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE R. M. Keller (Degree or title) M.D. | 22b. ADDRESS Wentzville, Mo. | 22c. DATE SIGNED 12-23-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-26-59 | 23c. NAME OF CEMETERY OR CREMATOR Smiths Creek Meth. Church | 23d. LOCATION (City, town, or county) (State) Warren County, Mo. |
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| 24. FUNERAL DIRECTOR F. W. Nieburg & Co., Warrenton, Mo. | 25. DATE RECD. BY LOCAL REG. Dec. 26 1959 | 26. REGISTRAR'S SIGNATURE Mrs. Viola Thuesmeier |
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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 John D. Kieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton

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.