

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024194

STATE FILE NUMBER

FILED VS JUN 16 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 117

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Saint Charles</b>		Length of stay in 1b <b>9 yrs.</b>	c. CITY OR TOWN <b>Saint Charles</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>401 So, Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Clyde</b> Middle <b>C.</b> Last <b>House</b>			4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16, 1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months <b>11</b> Days <b>18</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>riveter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A.C.D. Ind.</b>	11. BIRTHPLACE (City and state or country) <b>Saint Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles House</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Snevens</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Mae King</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>498-09-0028</b>	17. INFORMANT <b>P.A. Rosenbohm, St. Charles, Mo.</b>
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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: IMMEDIATE CAUSE (a) <b>Carcinoma metastasized lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Carcinoma transitional cell urinary bladder</b>	
	DUE TO (c) <b>Bladder</b>	

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 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 <b>5:15</b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b>Oct-16-59</b>	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 <b>St Charles, Mo</b>		COUNTY <b></b> STATE <b></b>

21. I attended the deceased from **Oct-16-59** to **June 4-60** and last saw <sup>her</sup>him alive on **June 4, 1960**  
Death occurred at **5:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Russell Glider MD</b> (Degree or title)	22b. ADDRESS <b>St Charles, Mo</b>	22c. DATE SIGNED <b>June 6, 1960</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 7, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetary</b>	23d. LOCATION (City, town, or county) <b>Saint Charles, Mo.</b>
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24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JUNE 7-60</b>	26. REGISTRAR'S SIGNATURE <b>Marion Wilson</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 1960

JAN 21 1960

STATEMENT BY LICENSED EMBALMER

0961 & T A

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan S R Q...  
Licensed Embalmer No. 483

P. O. Address At Ch...

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