

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033927

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 239 STATE FILE NUMBER

AMENDED FILED OCT 4 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Length of stay in 1b 45 yrs		c. CITY OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1127 Jackson St				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1127 Jackson St	
3. NAME OF DECEASED (Type or print) First Vester Middle J. Last Mades				4. DATE OF DEATH Month Sept. Day 24 Year 1961			
5. SEX Male		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 3/15/1899	
				9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Mfg.		11. BIRTHPLACE (City and state or country) Hamburg Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME John Mades				13b. MOTHER'S MAIDEN NAME Emma Ruebling		14. NAME OF HUSBAND OR WIFE Mrs Frank Buerger St Charles Mo	
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. 1-25-00-1070		17. INFORMANT Mrs Frank Buerger 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) Carcinoma of lung						INTERVAL BETWEEN ONSET AND DEATH 8 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 COUNTY STATE	
21. I attended the deceased from Dec 1960 to Sept 1961 and last saw him alive on Sept 18, 1961 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W.A. Roggemeyer M.D. (Degree or title)				22b. ADDRESS St Charles, Mo		22c. DATE SIGNED Sept 26, 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/27/61		23c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery		23d. LOCATION (City, town, or county) (State) St Charles Mo	
24. FUNERAL DIRECTOR Arthur C Baue Inc. St Charles Mo ADDRESS				25. DATE REC'D BY LOCAL REG. Sept 27-61		26. REGISTRAR'S SIGNATURE Marcella Wilson	

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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 C. Smith

Licensed Embalmer No. 5115

P. O. Address St. Charles, Mo

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.