

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012328

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 77

FILED MAR 28 1962

1. PLACE OF DEATH

a. COUNTY St. Charlesb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Charles

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Charlesc. CITY OR TOWN St. CharlesInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
#17 Terry Dr.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ThomasAllenAchelpohl

4. DATE OF DEATH

Month

Day

Year

March1419625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/5/19619. AGE (last birthday)
1IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Charles, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Harvey Achelpohl

13b. MOTHER'S MAIDEN NAME

Margaret Drake Achelpohl

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None

17. INFORMANT

Address

Harvey Achelpohl, St. Charles, M18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congenital Left-Trilocular heart

INTERVAL BETWEEN ONSET AND DEATH

Since Birth

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.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐
NOT WHILE AT WORK ☐

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 March 5, 1961 to March 14, 1962 and last saw him alive on March 14, 1962Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Regene G. Banty, M.D.

22b. ADDRESS

114 N. Main St. St. Charles, Mo.

22c. DATE SIGNED

Mar. 16, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/17/1962

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

25. DATE/RECD. BY LOCAL REG.

3/17/62

26. REGISTRAR'S SIGNATURE

Marcelle Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591092820928

3

4 05 0

6

7 08 197545

10

11

12 1-013 4-0

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. Dams

Licensed Embalmer No. 2157

P. O. Address 44 Charles St.

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.