

CORNERFOLD

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

CORNERFOLD
=63-012848

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 92

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS-300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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 65 Yrs.	c. CITY OR TOWN St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Chas. Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 525 N. Fourth St.
3. NAME OF DECEASED (Type or print) First Middle Last Louise Mary Appel		4. DATE OF DEATH Month Day Year Mar. 16, 1963	
5. SEX Female	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 Jul. 14, 1889
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Lady		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state or country) Missouri.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Kluth	
13b. MOTHER'S MAIDEN NAME Katherine Smith		14. NAME OF HUSBAND OR WIFE William Appel	
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. 497-05-9889	
17. INFORMANT Mrs. Carl Bextermiller, St. Charles, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 <u>12-31-59</u> to <u>3-16-63</u> and last saw her alive on <u>3-8-63</u> Death occurred at <u>8:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. T. Imhoff, M.D.</u>		22b. ADDRESS <u>St. Charles, Mo.</u>	
22c. DATE SIGNED <u>3-18-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Mar. 19, 1963		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. DATE RECD. BY LOCAL REG. 3/18/63	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.		26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

(Licensed Embalmer's Statement on Reverse Side)

3/18/63

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 3 1963

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

Charles J. Macke

Licensed Embalmer No.

4530

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.