

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 10

**1. PLACE OF DEATH:**  
 (a) County St Charles  
 (b) City or town St Charles  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days Life

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County St Charles  
 (c) City or town Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Life years.

**3. (a) PRINT FULL NAME** MINNIE DINGLEDINE  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan day 14  
 year 1940 hour 7.04 minute A. M.

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Widow  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Dec 7 1891  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** July 3  
1937 to Jan 14 1940  
 that I last saw h. alive on Jan 6 1940  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 68 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death** Uræmia  
**Duration** 2 wks

**9. Birthplace** St Charles Co Mo  
 (City, town, or county) (State or foreign country)

**Due to** Chronic nephritis  
Hypertension  
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**10. Usual occupation** House wife

**Other conditions** Myocardial deg.  
 (Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**12. Name** George Neslage  
**13. Birthplace** Germany  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Margaret Dant  
**15. Birthplace** Germany  
 (City, town, or county) (State or foreign country)

**Major findings:** none  
 Of operations \_\_\_\_\_  
 Of autopsy none  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

**16. (a) Informant's own signature** Mrs Lewis Grieving  
 (b) Address 320 Tompkins St.  
**17. (a) Burial** (b) Date thereof 1-16-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Home Cemetery

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**18. (a) Signature of funeral director** Morris Muschay  
 (b) Address Hamburg, Mo. 1 P.C.  
**19. (a)** 1/15/40 (b) Clatus H. Heister  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
**23. Signature** Vernon B. Schuler (M. D. or other) 1  
 Address St Charles, Mo Date signed Jan 16 1940

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Morris Muschany* .....

Licensed Embalmer No. *2461* .....

P. O. Address..... *Hamburg Me* .....

**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 this body is not embalmed, above space should be left blank.**