

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030461

STATE FILE NUMBER

AMENDED

FILED AUG 23 1961

Registration District No. 310 Primary Registration District No. 3058

Registrar's No. 196

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY St. Charles			a. STATE Mo. b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles			c. CITY OR TOWN St. Charles		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's			d. STREET ADDRESS (If outside, give location) 720 So. Main Street		
3. NAME OF DECEASED (Type or print) Anna M. Toebeen			4. DATE OF DEATH August 5, 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-11-1883	9. AGE (last birthday) 77 yrs. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Fayetteville, Illinois	
13a. FATHER'S NAME Bernard Meyersick		13b. MOTHER'S MAIDEN NAME Anna Thien		12. CITIZEN OF WHAT COUNTRY U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Herman Toebeen, 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) <i>Decedent known to be Keplerites</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>old age</i>			
		DUE TO (c) <i>old age</i>			
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? <i>yes</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>old age</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 1948 to Aug. 5-61 and last saw her alive on Aug. 5-61					
Death occurred at 9125 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Vincent P. Schmiedeke</i>	(Degree or title) <i>Reich</i>		22b. ADDRESS <i>St. Charles, Mo.</i>	22c. DATE SIGNED <i>6-3-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 9, 1961</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Sacred Heart Cemetery</i>	23d. LOCATION (City, town, or county) <i>Florissant</i>	(State) <i>Missouri</i>	
24. FUNERAL DIRECTOR <i>H.C. Dallmeyer &amp; Sons CO., St. Charles</i>	ADDRESS <i>Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Aug. 8, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Maureen Wilson</i>		

**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

*Trans R. Rosalva*

Licensed Embalmer No. 47832

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.