

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2351

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3-9-7</u>		d. STREET ADDRESS (If rural, give location) <u>St. Charles Co. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Emmaus Home</u>			

3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>Rahn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 14, 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House maid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Woolam Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Rev. Herm. Rahn</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Bares</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evangelical Emmaus Home</u> ADDRESS <u>St. Charles</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>4-5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio-sclerosis 20 yrs</u>		
	DUE TO (c) <u>450.0</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10<sup>th</sup>, 1949, to Jan 17<sup>th</sup>, 1949, that I last saw the deceased alive on Jan 15<sup>th</sup>, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Erich Schulz M.D.</u>	23b. ADDRESS <u>St. Charles Mo.</u>	23c. DATE SIGNED <u>1/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woolam Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Woolam Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 20 1949</u>	REGISTRAR'S SIGNATURE <u>Fannie Hemelton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Howe</u> ADDRESS <u>8319 Halle Ferry Rd</u>
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St. Louis Mo

Date Filed  
District File Number JAN 27 1949  
Council Health Officer No. 9,  
APR 15 1949

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Frank J. Hyland*

Licensed Embalmer No. *1615*

P. O. Address *St Louis, 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 this body is not embalmed, fact should be so stated above.