

FILED APR 11 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9724

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 411 South Second Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 South Second Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Charlotte	b. (Middle) Amelia	c. (Last) Berthet	4. DATE OF DEATH (Month) (Day) (Year) March 26 1951
-------------------------------------	-----------------------------	---------------------------	--------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 3, 1875	9. AGE (In years last birthday) 75	Months 7	Days 23	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Mother		10b. KIND OF BUSINESS OR INDUSTRY Nurses Home		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Germain Berthet	13b. MOTHER'S MAIDEN NAME Augustine Huber	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. AGENCY SECURITY NO. (If yes, give war or dates of service) NIL	17. INFORMANT'S SIGNATURE OR NAME Mrs Ben Kuhlmann--St. Charles, Mo.

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Branchial Asthma		unknown	

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

22. I hereby certify that I attended the deceased from **November 1950**, to **March 26, 1951**, that I last saw the deceased alive on **March 26, 1951**, and that death occurred at **10:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don Z. Randall, M.D.	23b. ADDRESS 207 N. 5th St. St. Charles Mo.	23c. DATE SIGNED March 28, 1951
--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 29-1951	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
---	--------------------------------	--	--

DATE REC'D BY-LOCAL REG. 4-1-1951	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer	ADDRESS 800 N. 2nd St. St. Charles, Mo.
--	---	---	--

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

923

0923

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 9 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Herbert C. Galmeyer

Licensed Embalmer No. 4546

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 this body is not embalmed, fact should be so stated above.