

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13673

BIRTH NO. _____		REG. DIST. NO. 30F		PRIMARY REG. DIST. NO. 6046		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Callaway		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Near New Melle .Mo. 042			
d. FULL NAME OF HOSPITAL OR INSTITUTION New Melle, Mo.				d. STREET ADDRESS (If rural, give location) New Melle.			
3. NAME OF DECEASED a. (First) William (Type or Print) Friedrich b. (Middle) Demien c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April, 17-51				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 5, 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 13	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work, department, or most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles Demien		13b. MOTHER'S MAIDEN NAME Marie Heuer		14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Demien New Melle 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 2 years 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 Oct. 1945 to April, 1951, that I last saw the deceased alive on 4/3/51, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R.C. McMuray M.D.				23b. ADDRESS Wentzville, Mo.		23c. DATE SIGNED 4/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (7)		24b. DATE 4--21 51		24c. NAME OF CEMETERY OR CREMATORY St. Paul		24d. LOCATION (City, town, or county) (State) NEW MELLE MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE April 26 1951		REGISTRAR'S SIGNATURE Maurice G. Huff		25. FUNERAL DIRECTOR'S SIGNATURE Marie M. Muehlenberg		ADDRESS Wentzville	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48-

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 7 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Marvin Murchany

Licensed Embalmer No. 2461

P. O. Address Wentzville m

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.