

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23708**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **760**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 75 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 Prospect Ave. Leon Nursing Home		d. STREET ADDRESS (If rural, give location) 310 N. 13th Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)		c. (Last) Remelius		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 7 1867		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Evan Frogge		13b. MOTHER'S MAIDEN NAME Julia Welty		14. NAME OF HUSBAND OR WIFE Frank Remelius	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James M. Castle St. Joseph, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of st. femur		3 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201 F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4 April, 1952**, to **8 July, 1952**, that I last saw the deceased alive on **8 July, 1952**, and that death occurred at **12:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willie B. McDonald M.D.	23b. ADDRESS 301 N. 8th St.	23c. DATE SIGNED 14 July '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. July 17, 1952	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Henchler St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1117
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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, By****

working under my personal supervision.

Student Embalmer No.****

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Signed.....
Student Embalmer

Signed

Raymond W. Morehead
Licensed Embalmer No. 4431 Missouri.

P. O. Address St. Joseph, Missouri.

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.