5. No. 300
. 10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30574

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Warren 1090
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 2, Marthasville
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Indiana
b. COUNTY 8130
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gary 8
d. STREET ADDRESS (If rural, give location) 532 Durbin St.

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) Maria
c. (Last) Daegele

4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Sept. 28, 1868
9. AGE (In years last birthday) 83 — If under 1 year: Months 10 Days 10 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clover Bottom, Mo.
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Xavier Augustine
13b. MOTHER'S MAIDEN NAME Margaret Boehmer
14. NAME OF HUSBAND OR WIFE Edward E. Daegele, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Carl A. Daegele **ADDRESS** Kirkwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Indigestion following a hearty meal — 1½ hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1952 *to* Aug 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 8 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE T. C. Johnson (Degree or title) MD
23b. ADDRESS Marthasville Mo
23c. DATE SIGNED 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8/12/52
24c. NAME OF CEMETERY OR CREMATORY St. Peter's
24d. LOCATION (City, town, or county) Kirkwood (State) Mo.

DATE REC'D BY LOCAL REG. 8/8/52
REGISTRAR'S SIGNATURE T. C. Johnson 334-0
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger **ADDRESS** Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 21 195

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 William H. Pfitzinger

Licensed Embalmer No. 43 P6

P. O. Address Kirkwood, 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.