

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39216**

0500  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 86

1. PLACE OF DEATH

a. COUNTY **Jefferson Co.**

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **Restus Joachim Rural**

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mountain View Convel. Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jefferson Co**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Restus Rural- Joachim** U500

d. STREET ADDRESS (If rural, give location) **Mountain View Con. Home**

3. NAME OF DECEASED

a. (First) **Margaret** b. (Middle) \_\_\_\_\_ c. (Last) **Evertt**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 17 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**

8. DATE OF BIRTH **July 28, 1870** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **not known Schoenheiter** 13b. MOTHER'S MAIDEN NAME **Catherine Nicklag** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 **Frank Doyle** ADDRESS **East St. Louis, Ill**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **cardio vascular disease** INTERVAL BETWEEN ONSET AND DEATH **years**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **decompensation** **2 wks.**

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 **4 2 2 1** 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) \_\_\_\_\_ 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 **10-17, 1952**, to **11-17, 1952**; that I last saw the deceased alive on **11-17, 1952**, and that death occurred at **2:55A** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Crystal City Mo** 23c. DATE SIGNED **11-17-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 19, 1952** 24c. NAME OF CEMETERY OR CREMATORY **East St. Louis, Ill.** 24d. LOCATION (City, town, or county) (State) **East St. Louis, Ill.**

DATE REC'D BY LOCAL REG. **Nov. 17 1952** REGISTRAR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **East St. Louis, Ill.**

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED NOV 26 1952

**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

*Chas M. Burke*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.