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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1953

State File No. 19071

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Saint Charles 0930
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Jospeh's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles 0930
d. STREET ADDRESS (If rural, give location): 1520 Bennett

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): C.
c. (Last): Thoelke

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 17, 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 3 Days 0
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: own
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Rehker
13b. MOTHER'S MAIDEN NAME: Anna Korte
14. NAME OF HUSBAND OR WIFE: Dietrich Thoelke
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 ADDRESS: Mrs. W. O. Kirchoff, St. Charles, M

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) Arteriosclerotic Cardiovascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Fractures of Right wrist, right elbow, right shoulder, right ribs, pelvis — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X F
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* 3-15-47, *19* A, *to* 5-16, *19* 53, *that I last saw the deceased alive on* 5-17, *19* 53 *and that death occurred at* 12:02 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 114 N. Main St., St. Charles
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Saint John's Cemetery
24d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

DATE REC'D BY LOCAL REG.: May 19, 1953
REGISTRAR'S SIGNATURE: Fronine Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. C. Dallmeyer & Son, St Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank R. Amglang

Licensed Embalmer No. 4832

P. O. Address St. Charles,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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