

Dr Senn

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6052**
1115

FILED MAR 4 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 12 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location)		05010 /	
3. NAME OF DECEASED (Type or Print) Charles Edward Courtney		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1892		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead worker		10b. KIND OF BUSINESS OR INDUSTRY Smelter	11. BIRTHPLACE (City and State or Foreign Country) Old Mines, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Julius Courtney		13b. MOTHER'S MAIDEN NAME Susan Warolen		14. NAME OF HUSBAND OR WIFE Irene Sounsauie	
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 493-03-9172		17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Courtney Herculanum, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Pericarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs 1 yr 2 days
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 4221	
22. I hereby certify that I attended the deceased from <u>9/23</u> , 19 <u>48</u> , to <u>2/4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/30</u> , 19 <u>54</u> , and that death occurred at <u>7:26 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. E. Senn</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Herculanum, Mo.</u>	
23c. DATE SIGNED <u>2/4/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Herculanum, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vingard Funeral Home, Festus Mo</u>	
DATE REC'D BY LOCAL REG. FEB 4 1954		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>		ADDRESS <u>Vingard Funeral Home, Festus Mo</u>	

257c (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.....

H. W. Myer

Licensed Embalmer No. 3010

P. O. Address.....

Festus 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.