No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6729

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1093

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Berry
c. CITY OR TOWN Tamaroa
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 812 0/8

3. NAME OF DECEASED (Type or Print)
a. (First) Josephine
b. (Middle) C
c. (Last) Roe

4. DATE OF DEATH (Month) Feb (Day) 2 (Year) 54

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 11, 1899
9. AGE (In years last birthday) 54 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Berry County Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fred Miller
13b. MOTHER'S MAIDEN NAME Minnie Koenegstein
14. NAME OF HUSBAND OR WIFE John Roe

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME John Roe — ADDRESS Tamaroe Ill

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) Sub-hepatic abscess Rt — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rt sub-Phrenic abscess — 3 wks
DUE TO (c) generalized Peritonitis from Bile — 3 wks

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

19a. DATE OF OPERATION 1-28-54
19b. MAJOR FINDINGS OF OPERATION abscesses Rt Sub-Phrenic or subhepatic
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? 576X

22. *I hereby certify that I attended the deceased from* 1-20, 1954 *to* Feb. 2, 1954, *that I last saw the deceased alive on* Feb 2, 1954, *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. J. Verda M.D.
23b. ADDRESS 4500 Olive St
23c. DATE SIGNED 2-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-2-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Tamaroe Ill

DATE REC'D BY LOCAL REG. FEB 3 1954
REGISTRAR'S SIGNATURE J Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe — ADDRESS 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Dinsdale

Licensed Embalmer No. 3

P. O. Address St Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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