

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13060

State File No. _____

| | | | | | | | |
|--|-------------------------------|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>308</u> | | PRIMARY REG. DIST. NO. <u>6049</u> | | Registrar's No. <u>6</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Schleussburg</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Schleussburg Mo 0920</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. Augusta Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>W</u> c. (Last) <u>TUEPKER</u> | | | DATE OF DEATH (Month) (Day) (Year) <u>Apr. 11-54</u> | | | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Feb. 15-1877</u> | 9. AGE (In years last birthday) <u>77</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 MIN. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u> | | 11. BIRTHPLACE (State or foreign country) <u>Schleussburg Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Hy Brune</u> | | 13b. MOTHER'S MAIDEN NAME <u>Seitz</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Armin Trupke Washington</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>50</u> , to <u>Apr. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Apr. 10</u> , 19 <u>54</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harvey L. Hayes D.O.</u> | | 23b. ADDRESS <u>Augusta, Mo.</u> | | | 23c. DATE SIGNED <u>Apr. 13, 1954</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-14-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Schleussburg</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Charles Co Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>4-14-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Viola Thuesen</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Thuesen</u> | | ADDRESS <u>Augusta Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0920

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.