

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY Saint Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Chas.

b. CITY (If outside corporate limits, write RURAL and give township) OR Rural-St. Charles twp. c. LENGTH OF STAY (in this place) life

c. CITY OR TOWN Rural-St. Chas. twp. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.# 3, Box 19

e. STREET ADDRESS (If rural, give location) R.R. # 3, Box 19 0924

3. NAME OF DECEASED
a. (First) Herman b. (Middle) B. c. (Last) Debrecht

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 12, 1858

9. AGE (In years last birthday) 97 IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Debrecht

13b. MOTHER'S MAIDEN NAME Angela Meyer

14. NAME OF HUSBAND OR WIFE Elizabeth Hennies

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 Raymond Debrecht, St. Chas. Co., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 4201
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
12 yrs
30 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 Oct, 1953, to July, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Wm H Poggenmeyer MD

23b. ADDRESS 280 Clay St Charles, Mo.

23c. DATE SIGNED July 25, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 26, 1955

24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery Saint Charles, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 25 1955

REGISTRAR'S SIGNATURE Lamine Hamilton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Daehnert, St. Charles, Mo.

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 embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank R. Amalgon*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.