

STANDARD CERTIFICATE OF DEATH

23349

State File No. ....

FILED AUG 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 84

920

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dardenne)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dardenne)</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 94 St. Charles R.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 94 St. Charles R.R.</u>			
3. NAME OF DECEASED a. (First) <u>Josephine</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Salfen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 8, 1878</u>
9. AGE (in years last birthday) <u>76</u>		10. MONTHS <u>10</u>	11. DAYS <u>24</u>
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Co, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Joseph Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Madora Dorais</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Salfen</u> ADDRESS <u>St. Charles R.R. 1</u>
18. CAUSE OF DEATH Enter 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u> <u>4301F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hip fracture</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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>Jan</u> , 19 <u>55</u> to <u>Aug 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>55</u> , and that death occurred at <u>7:20 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold A. Mungold D.D.</u>		23b. ADDRESS <u>7 Fallon Ave</u>	23c. DATE SIGNED <u>Aug 3, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dardenne Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Dardenne ? Missouri</u>
DATE REC'D BY LOCAL REG. <u>Aug 3 - 55</u>	REGISTRAR'S SIGNATURE <u>E.A. Keithly</u> <u>280</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Muri Mueschany Wentz</u> ADDRESS _____	

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 Harold O. Kusler

Licensed Embalmer No. 4631

P. O. Address Winterville, N.C.

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.