No. 300
10.45

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

FILED SEP 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30490

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 190

1. PLACE OF DEATH

a. COUNTY: Saint Charles

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles

c. LENGTH OF STAY (in this place): res.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Charles

c. CITY OR TOWN: Saint Charles

d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 622 Jackson

09220

3. NAME OF DECEASED (Type or Print)

a. (First): Karoline

b. (Middle): Weisinger

c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1955

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Feb. 17, 1874

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7 Days 2 — 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: own

11. BIRTHPLACE (City and State or Foreign Country): Karnten, Austria

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

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: John Weisinger

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: Charles Weisinger, St. Charles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 151X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

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* April, 19 55, *to* Sept. 19, 19 55, *that I last saw the deceased alive on* Sept. 16, 19 55, *and that death occurred at* 8:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. R. McGuire — (Degree or title): M.D.

23b. ADDRESS: St Charles, Mo.

23c. DATE SIGNED: Sept. 20, 1955

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

24b. DATE: Sept. 21, 1955

24c. NAME OF CEMETERY OR CREMATORY: Saint Peter's Cemetery

24d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

DATE REC'D BY LOCAL REG.: Sept 20 1955

REGISTRAR'S SIGNATURE: Fannie Hamilton

284-0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. C. Dallmeyer Son, St Charles, Mo.

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank R Amalen

Licensed Embalmer No. 48

P. O. Address St. Char

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.