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FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19185

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Louis</u>	
b. CITY OR TOWN <u>St. Ferdinand Mo</u>	c. LENGTH OF STAY (in this place) township) <u>12 yr.</u>	c. CITY OR TOWN <u>St. Ferdinand</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Lisen, 11755 Riverview</u>		e. STREET ADDRESS (If rural, give location) <u>11755 Riverview Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Feather Mary</u> b. (Middle) <u>Marcella</u> c. (Last) <u>Truelcke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 12, 1874</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Aviston, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Henry Truelcke</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Overhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>	
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>Sister M. Gertrude</u> ADDRESS <u>- 11755 Riverview</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hypotensive C-V disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiac degeneration.</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip 4 months ago healed by closed traction</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) <u>443 X F</u>	
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 1949, 19 , to 4-22, 1956, that I last saw the deceased alive on 4-19, 1956, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Weyrich</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>9822 1/2 N. Broadway</u>		23c. DATE SIGNED <u>4-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villa Lisen</u>	
24d. LOCATION (City, town, or county) (State) <u>11755 Riverview St. Louis 15, Mo</u>					

DATE REC'D BY LOCAL REG. <u>4-27-56</u>		REGISTRAR'S SIGNATURE <u>Hertbert B. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler and Co.</u> ADDRESS <u>7470 Michigan</u>	
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(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *3*.....

P. O. Address *7420 7th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.