

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21610**
Registrar's No. **166**

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>3</u>		REG. DIST. NO. <u>158</u>							
1. PLACE OF DEATH a. COUNTY St Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Charles										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles			c. CITY OR TOWN St Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. LENGTH OF STAY (In this place) 77 yrs			e. STREET ADDRESS (If rural, give location) 1008 Perry St										
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 Perry St			e. STREET ADDRESS (If rural, give location) 1008 Perry St										
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle)		c. (Last) Dennigmann		4. DATE OF DEATH (Month) (Day) (Year) June 14 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 6 1878		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____		11. IF UNDER 1 HR.: HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St Charles Mo.			12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME August Wiegmann			13b. MOTHER'S MAIDEN NAME Anna Strecker			14. NAME OF HUSBAND OR WIFE Diedrich Dennigmann							
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 Mrs Harold Meers			ADDRESS St Charles Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac decompensation						24 hrs					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						10 yrs					
		DUE TO (b) hypertensive heart disease											
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
		generalized arteriosclerosis osteoarthritis of spine											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
								443x					
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>10/2, 1953</u> , to <u>6-14, 1956</u> , that I last saw the deceased alive on <u>6/14, 1956</u> , and that death occurred at <u>11:20 Am.</u> , from the causes and on the date stated above.													
23a. SIGNATURE George E Kistler			23b. ADDRESS St Charles mo			23c. DATE SIGNED June 15 1956							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE June 17 1956		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.						
DATE REC'D BY LOCAL REG. June 15 1956			REGISTRAR'S SIGNATURE Francis Blumenthal			25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Rose			ADDRESS St Charles Mo.				

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

9561 8 5/17

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 *Arthur C. Bane*

Licensed Embalmer No. *2151*

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.