FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY ST FRANCIOS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonneterre Hospital — Length of stay in 1b 1/2 HR.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY STE. GENEVIEVE
c. CITY OR TOWN RURAL 0950 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) P.O. WEINGARTEN MO — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPHINE Middle MARY Last SCHULER

4. DATE OF DEATH: Month FEB Day 18 Year 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: SEPT 2 1876

9. AGE (In years last birthday): 80

IF UNDER 1 YEAR: Months 5 Days 16 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): WEINGARTEN MO

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

13. FATHER'S NAME: JOSEPH HOLENMILLER

14. MOTHER'S MAIDEN NAME: ROSINE MUESSIG

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: Francis Schuler Address: Weingarten Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Renal Disease — 5 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to Feb. 18 1957 and last saw her alive on Feb. 18 1957
Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur E. Lyscum (Degree or title) M.D.

22b. ADDRESS Ste. Genevieve Mo

22c. DATE SIGNED 2-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: FEB 21 1957

23c. NAME OF CEMETERY OR CREMATORY: LADY HELP OF CHRISTIANS

23d. LOCATION (City, town, or county): WEINGARTEN (State) Mo

24. FUNERAL DIRECTOR: Lee C. Bader — ADDRESS: Ste. Genevieve Mo

25. DATE RECD. BY LOCAL REG.: Feb. 19 1957

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian J. Thelen.....

Licensed Embalmer No. 47

P. O. Address Ste. Genev

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.