

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 2 6 2  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 303 PRIMARY REG. DIST. NO. 6048 Registrar's No. 18

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>O'Fallon Mo</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY OR TOWN <u>St Charles</u>		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roeper Nursing Home</u>			e. STREET ADDRESS (If rural, give location) <u>800 Clark St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E</u> c. (Last) <u>Gatzweiler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1957</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>Sept. 10 1865</u>	9. AGE (In years last birthday) <u>91</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henryr Gatzweiler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Volken</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Gatzweiler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur H. Gatzweiler St Charles Mo</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, ashenia, 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>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) m.	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>July 5, 1955</u> , to <u>July 5, 1957</u> , that I last saw the deceased alive on <u>July 5, 1957</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harold A. Mangels D.O. 2</u>			23b. ADDRESS <u>O'Fallon</u>		23c. DATE SIGNED <u>July 6, 1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 6 57</u>	REGISTRAR'S SIGNATURE <u>E. K. Keitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Rose St Charles Mo.</u>		

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

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**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. Brown*

Licensed Embalmer No. *3154*

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.