

Health,  
Welfare,  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030032  
STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 209

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Charles, Missouri</b>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Charles</b>          |  | c. CITY OR TOWN <b>St Charles</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph</b> |  | d. STREET ADDRESS <b>307 Anneric</b>  |  |
| Length of stay in 1b <b>5 days</b>   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|   |                               |  |   |   |   |
|---|-------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Audrey</b> Middle <b>Ross</b> Last <b>Ross</b>                  |                               |  | 4. DATE OF DEATH <b>Aug. 29 1958</b>                            |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>April 17 1936</b>                           | 9. AGE (In years last birthday) <b>22</b>                     | IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>  | 11. BIRTHPLACE (City and state or country) <b>St Charles Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                       |   |
| 13. FATHER'S NAME <b>Edgar Bishop</b>   |                               |  | 14. MOTHER'S MAIDEN NAME <b>Victoria Pierce</b>                 |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                    |                               | 16. SOCIAL SECURITY NO. <b>487-38-1662</b>   |   | 17. INFORMANT <b>Allen Ross</b> Address <b>St Charles Mo.</b> |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Deкомпensation with pulmonary edema</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>12 hr</b>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |  | DUE TO (b) _____   |  |  |
| DUE TO (c) _____   |  |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Pregnancy - Postpartum 4 days</b> |  |  |

|   |                                  |                                   |  |        |       |
|---|----------------------------------|-----------------------------------|--|--------|-------|
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)           |        |       |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____                           |                                  |                                   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |        |       |
| 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 <b>Sept 1957</b> to <b>August 1958</b> and last saw her alive on <b>Aug 29, 1958</b><br>Death occurred at <b>4:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |                                    |  |                                      |
| 22a. SIGNATURE <b>W H Poggenmeyer MD</b> (Degree or title)   |  |  | 22b. ADDRESS <b>St Charles, Mo</b> |  | 22c. DATE SIGNED <b>Aug 30, 1958</b> |

|   |                               |  |   |  |  |
|---|-------------------------------|--|---|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                 | 23b. DATE <b>Aug. 31 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>St John Cemetery</b> | 23d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR <b>Arthur C Baue</b> ADDRESS <b>St Charles Mo.</b> |                               | 25. DATE RECD. BY LOCAL REG. <b>AUG 31-58</b>              | 26. REGISTRAR'S SIGNATURE <b>Muelde Wilson</b>                      |  |  |

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56  
0  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

540

MS JUN 17 1959

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. Case*.....

Licensed Embalmer No. *31*.....

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.