

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033876

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 229

| | | | | | |
|--|---------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St Charles | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St Charles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 Wilkinson | | Length of stay in 1b 2 years | d. STREET ADDRESS (If outside, give location) 109 Wilkinson | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Barebo | | | 4. DATE OF DEATH Month Day Year Oct. 1 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 28 1897 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days 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 country) St Charles County Mo | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Diedrich Thøele | | | 14. MOTHER'S MAIDEN NAME Louise Donnenbrook | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 492-01-8782 | 17. INFORMANT Address Mrs Orvie Kuechler St Charles Mo | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Metastatic Carcinoma DUE TO (c) Hypernephroma of Kidney PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 1 mo |
| 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.) 180X | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 | | STATE |
| 21. I attended the deceased from Jan 23, 1956 to October 1, 1958 and last saw her alive on October 1, 1958. Death occurred at 2:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Wm H Roggenmeier MD | | (Degree or title) | 22b. ADDRESS 304 S 2nd St Charles, Mo | | 22c. DATE SIGNED Oct 3, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| Burial | 10/4/58 | Lutheran Cemetery | | St Charles Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Arkus C. Baul St. Charles | | 25. DATE RECD. BY LOCAL REG. Oct. 3-58 | 26. REGISTRAR'S SIGNATURE Marceena Wilson | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

300
1-56

540

OCT 17 1958

OCT 8 1958

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. C. Bue

Licensed Embalmer No. *317*

P. O. Address.....
W. C. Bue

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.