

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8802** STATE FILE NUMBER

FILED SEP 6 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <i>0795</i>	
3	
4 <i>1</i>	
5 <i>2</i>	
6	
7 <i>0</i>	
8 <i>2</i>	
9	
10	
11	
12 <i>860</i>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
St. Louis, Missouri		Perryville			Missouri		Perry		Perryville		Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)				Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
St. Ann Home					1234 W. St. Joseph St.							
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year									
Eulalia Francis Blechle			August 29, 1963									
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR					
Female	White		1/7/1879	84	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
Housewife			At Home		Perry County, Mo.		U.S.A.					
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE						
Francis Prost			Louise L'Hote			Louis J. Blechle, dec'd						
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 Address							
No			Nil		Chalmer Moore, Perryville, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:											INTERVAL BETWEEN ONSET AND DEATH.	
IMMEDIATE CAUSE (a)												
<i>Arteriosclerotic Heart Disease</i>												
DUE TO (b)											<i>years</i>	
<i>Generalized Atherosclerosis</i>												
DUE TO (c)											<i>4200</i>	
<i>4200</i>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days.				
<i>Pulmonary Emphysema</i>								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour a.m. p.m.		Month, Day, Year										
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 <i>1960</i> to <i>8/29/63</i> and last saw her <i>live</i> on <i>8/19/63</i> Death occurred at <i>5:15 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Name or title)					22b. ADDRESS			22c. DATE SIGNED				
<i>George M. Janaka, M.D.</i>					<i>8818 Gwynn</i>			<i>8/31/63</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)					
Removal		8/30/63		Mt. Hope Cemetery			Perryville, Missouri.					
24. FUNERAL DIRECTOR				ADDRESS		25. DATE RECD. BY LOCAL REG.		REGISTRAR'S SIGNATURE				
Bey Funeral Home, Perryville, Mo.						AUG 31 1963		<i>Earl Smith, M.D.</i>				

MAR 17 1964

**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 *Fanny E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.