

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15871

Registration District No.

735

Primary Registration District No.

3034

Registrar's No.

88

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
608 W. Coates
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Louis C. Wullschlegel

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jessie L. Wullschlegel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 13th 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 10 hr. min.

9. Birthplace Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation R.R. Conductor

11. Industry or business Wabash R.R.

12. Name Fred Wullschlegel

13. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

14. Maiden name Maryland Sherrill

15. Birthplace Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs L. C. Wullschlegel

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 23rd 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan + Son

(b) Address Moberly

19. (a) Apr 23-40 (b) Paul Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 608 W Coates
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
 year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 23, 1940, to April 23, 1940
 that I last saw him alive on April 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) HA

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 925

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. A. Roland (M. D. or other) _____

Address Moberly Mo Date signed April 29-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1061

Date Filed MAY 15 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank S. D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Mo.

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 this body is not embalmed, above space should be left blank.