S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3593

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 173

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2502 ARDEN AVE / (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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo (b) County ST LOUIS 0

(c) City or town PINE LAWN 0 (If outside city or town limits, write "RURAL")

(d) Street No. 2502 ARDEN AVE (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME IDA MAY WHERTWINE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Louis Whertwine

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec. (Month) 31 (Day) - 1873 (Year)

8. AGE: Years 69 Months Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Morrison (City, town, or county) Mo. (State or foreign country) 8

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Louis Ochesky
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Charlotte Gnadt
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Herbert Whertwine

(b) Address 2502 Arden, Pine Lawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Morrison [illegible]

18. (a) Signature of funeral director Louis [illegible]

(b) Address Morrison, Mo.

19. (a) 1-23-43 (Date received local registrar) (b) E. G. McGarran (Registrar's signature) E P

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1943 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 15, 1942, to Jan 22, 1943 that I last saw her alive on Jan 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	
Arterial hypertension	3 yrs.

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury ?

23. Signature [illegible] (M. D. or other) M.D.

Address 402 Lister Bldg Date signed 1-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, M

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, fact should be so stated above.