

No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1589

State File No. \_\_\_\_\_

FILED JAN 16 1948  
162

Primary Registration District No. 5595

Registrar's No. 3

1. PLACE OF DEATH:  
(a) County... JEFFERSON  
(b) City or town... RURAL ROCH TOWNSHIP  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... \_\_\_\_\_  
In this community... 35 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State... MO (b) County... JEFFERSON  
(c) City or town... RURAL  
(d) Street No... NEAR MAXVILLE  
(e) Citizen of foreign country? NO  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA WHERTZ  
3. (b) If veteran, name war... 4  
3. (c) Social Security No... 4

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 9  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July  
31 to Jan 9, 1948  
that I last saw him alive on Jan 9, 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive... years \_\_\_\_\_  
7. Birth date of deceased SEPT 11 1869  
(Month) (Day) (Year)

Immediate cause of death Cor. Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Family  
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace ANTONIA MO  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 9/10  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 10. Usual occupation HOUSEWORK  
11. Industry or business 11  
12. Name JOSEPH ZIPP 11  
13. Birthplace GERMANY 11  
14. Maiden name UNKNOWN 11  
15. Birthplace 11 11

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Phil J. Pink (M. D. or other) MD  
Address Kimmiswick Date signed 1/10/48

16. (a) Informant LEO J. WHERTZ  
(b) Address ARNOLD MO P.R.  
17. (a) BURIAL (b) Date thereof JAN 12 1948  
(c) Place: burial or cremation ARNOLD CATHOLIC CEMETERY  
18. (a) Signature of funeral director HELENE FUNERAL HOME  
(b) Address KIMMSWICK MO P.R. 2  
19. (a) Jan 11 - 48 (b) Phil J. Pink  
(Date received local registrar) (Registrar's signature) 145

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

Deco Filed 1/15/48  
District File Number \_\_\_\_\_  
District Health Officer No. 9

RECEIVED

MAY 21 1948



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, ~~on~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer A. Alington.....

Licensed Embalmer No. 3571.....

P. O. Address Kimberly.....

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.