

FILED MAR 8 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4482

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5436		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bay (Boulware Twp)		c. LENGTH OF STAY (In this place) 72		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bay (Boulware Twp)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Town of Bay				d. STREET ADDRESS (If rural, give location) Town of Bay			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA		b. (Middle) SOPHIA		c. (Last) WALDECKER		4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan-7-1877	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Henry Linnemann		13b. MOTHER'S MAIDEN NAME Charlotte Meyer		14. NAME OF HUSBAND OR WIFE Henry F. Waldecker			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Waldecker Bay, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis DUE TO (c) Hypertension  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 30 minutes  10 yrs.  10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-19, 1948, to 2-16, 1949, that I last saw the deceased alive on 2-11, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paula Borman M.D.				23b. ADDRESS Owensville, MO		23c. DATE SIGNED 2-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-49		24c. NAME OF CEMETERY OR CREMATORY Zion Ev & Ref. Cem.		24d. LOCATION (City, town, or county) (State) Bay Mo	
DATE REC'D BY LOCAL REG. 2/17/49		REGISTRAR'S SIGNATURE D. M. ...		FEDERAL DIRECTOR'S SIGNATURE Nugost ...		ADDRESS Hermann, Mo	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED  
District  
Date Filed 3-7-49

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Hegost Olmsted*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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, fact should be so stated above.