

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11833

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415286

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BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wyaconda, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyaconda, Mo.</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyaconda, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>A.</u> c. (Last) <u>Londenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1949</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 15, 1877</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>		11. IF UNDER 24 HRS. Hours <u>11</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Produce dealer</u>				11. BIRTHPLACE (State or foreign country) <u>Chicago Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Alexander Londenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Londenberg</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Londenberg, Wyaconda, Mo.</u>			ADDRESS _____		

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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 1, 1948, to Mar. 26, 1949, that I last saw the deceased alive on Mar 26, 1949, and that death occurred at 5P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson 2 D.O.</u>		23b. ADDRESS <u>Wyaconda, Mo.</u>		23c. DATE SIGNED <u>5-5-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/7-49</u>		REGISTRAR'S SIGNATURE <u>J. H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert Bankert</u>		ADDRESS <u>Wyaconda</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1949

RECEIVED

District Health Officer No. _____

District File Number 5498

Date Filed MAY 12 1949

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
Student Embalmer

Signed _____

Geo. V. Buscetta

Licensed Embalmer No. 1817

P. O. Address Wyandover

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.