

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13496
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Charles</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Charles</u>)		c. LENGTH OF STAY (in this place) <u>life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>600 South Fourth Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROSE</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>WOLLENSCHLAGER</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>April 26 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 4-1943</u>	9. AGE (in years last birthday) <u>6</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working lifetime if retired) <u>Child - pupil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Attending school</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Manny Wollenschlager</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Herrmann</u>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NIL</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Manny Wollenschlager</u> ADDRESS <u>St. Charles Mo.</u>			
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>hemorrhage of the brain</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Auto accident</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (c) <u>Fractures of skull and hemorrhage of brain</u>				<u>8 1/2</u> <u>25</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 -25 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Aut accident one car</u>		<u>130</u>	
22. I hereby certify that I am a licensed <u>licensed</u> embalmer <u>embalmer</u> held inquest, to <u>April 27, 1949</u> , that I last saw the deceased alive on <u>April 27, 1949</u> , and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Minnie Mueschling Coroner</u>				23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>4-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-4-49</u>		REGISTRAR'S SIGNATURE <u>Faunie Hammett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeyer & Sons Co.</u>		ADDRESS <u>600 N. 2nd - St. Charles, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED
District Health Officer, No. 9,
District File Number
Date Filed MAY 10 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.

Signed _____
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.