

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14500  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 736

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH WELLINGHOFF.</u>			4. DATE OF DEATH <u>Mar. 24, 1949.</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 31, 1878.</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 YEAR Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Ben. DeVergar</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robar</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. F. Willinghoff Dec.</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Wellinhoff, Robertson, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>10 yrs</u> <u>8 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>260+</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic nephritis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 2/20/48, 1948, to 3/23/49, 1949, that I last saw the deceased alive on 3/23, 1949 and that death occurred at 1:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Arnold H. Wenger M.D.</u> (Degree or title)	23b. ADDRESS <u>3115 Brown Rd</u>	23c. DATE SIGNED <u>3/25/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>
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DATE RECD BY LOCAL REG. <u>3-25-49</u>	REGISTRAR'S SIGNATURE <u>Arnold H. Wenger M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiament Ave.</u>
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Dr. A. H. Wurzer  
3115 Brown Road  
2-4 P.M.

**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 *Albert G. Hopper*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2971*.....

P. O. Address St. Louis, 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.