

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14978

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>24 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>1112 Highland St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sisters Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>Herbert</u>	c. (Last) <u>WALES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-1949</u>
-------------------------------------	------------------------	----------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 21-1905</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 1 HRS. <u>19</u> Hours
-----------------	---------------------------	---	-------------------------------------	---	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hoetz Brewery</u>	11. BIRTHPLACE (State or foreign country) <u>Guilford MD</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>LUTHER WALES</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE HENDERSON</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice WALES</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. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Bernice Wales 1112 Highland St. No. 0</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, asphyxia, 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>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulo-Nephritis</u> DUE TO (c) <u>Hypertension Arterial</u>		

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) (Min.)	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 5-7-49, 1949, to 5-10-49, 1949, that I last saw the deceased alive on 5-10-49, 1949, and that death occurred at 12:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. C. Senn</u>	23b. ADDRESS <u>207 1/2 S Bldg St. Joseph</u>	23c. DATE SIGNED <u>5-11-49</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-13-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRAVES CEMETARY</u>	24d. LOCATION (City, town or county) (State) <u>Guilford MD</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG <u>May 12, 1949</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Breit Funeral Home</u>
---	--	--

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

11  
1  
7

**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.....



Licensed Embalmer No. 4472

P. O. Address Savannah, Ga.

**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.