

FILED JUN 14 1949 STANDARD CERTIFICATE OF DEATH

State File No. 16429

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gorin	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Brella	b. (Middle) Mae	c. (Last) Wingenter	June - 4 - 1949				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May-15-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Patrick Goggin		13b. MOTHER'S MAIDEN NAME Ellen		14. NAME OF HUSBAND OR WIFE Walter Wingenter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Bertram		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		DUE TO (b)		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Knif	

22. I hereby certify that I attended the deceased from **5/2**, 1949, to **6/4**, 1949, that I last saw the deceased alive on **6/4**, 1949, and that death occurred at **5:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Edina, Mo.		23c. DATE SIGNED 6-4-49	
---	--	--------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7-1949		24c. NAME OF CEMETERY OR CREMATORY New Catholic		24d. LOCATION (City, town, or county) (State) Edina, Missouri	
---	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. June-6-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Edina, Mo.	
---	--	--	--	---	--	---------------------------	--

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

52
1
0

RECEIVED

District Health Officer No.

District File Number 6-49-

Date Filed JUN 13 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.