

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20024

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

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 322		Registrar's No. 227	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Leander			b. (Middle) Anton		c. (Last) Wierschem		4. DATE OF DEATH (Month) (Day) (Year) Apr., 26, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1902		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (State or foreign country) Harrisonville Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anton Wiesschem			13b. MOTHER'S MAIDEN NAME Anna Mary Hilger		14. NAME OF HUSBAND OR WIFE Carrie Stone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie Wierschem Crystal City, Mo				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Habitual alcoholism and ducts DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pulmonary Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH 6 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) Crystal City Jefferson Mo			
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 March 16, 1949 to April 26, 1949 , that I last saw the deceased alive on April 25, 1949 and that death occurred at 12:30 pm from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) H. Summerford M.D.				23b. ADDRESS Crystal City Mo		23c. DATE SIGNED Apr 27 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/49	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park		24d. LOCATION (City, town, or county) (State) Festus, Mo.		
DATE REC'D BY LOCAL REG. April 27 1949		REGISTRAR'S SIGNATURE Roselawn Memorial		25. FUNERAL DIRECTOR'S SIGNATURE H. Summerford		ADDRESS Festus Mo	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 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 _____

JAMES J. COMMERFORD

Student Embalmer No. 235

working under my personal supervision.

Signed James J. Commerford
Student Embalmer

Signed

H. Stuyard

Licensed Embalmer No. 3010

P. O. Address Festa 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.