

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39549

FILED DEC 6 1949

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4466

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clayton, Missouri</u>		c. LENGTH OF STAY (In this place) <u>?</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7520 Carondelet Street</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	
f. STREET ADDRESS <u>7520 Carondelet Street</u>		g. STREET ADDRESS (If rural, give location) <u>7520 Carondelet Street., 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolina</u> b. (Middle) _____ c. (Last) <u>Wahrenberger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20, 1949</u>	
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>Mar 22 1865</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Buckley, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Spinner</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Gable</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph Wahrenberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Schrick</u>		ADDRESS <u>-7520 Carondelet St.,</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Arterial Sclerotic Heart Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
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 <u>August 15, 1949</u> , to <u>November 20, 1949</u> , that I last saw the deceased alive on <u>November 19, 1949</u> , and that death occurred at <u>7:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mrs. J. Norton, M.D.</u>		23b. ADDRESS <u>634 No Grand - St Louis - Mo</u>	23c. DATE SIGNED <u>Nov 21, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-21-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Plank</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe - 4700 Washington Blvd</u>	

JAN 27 1956

STATEMENT BY LICENSED EMBALMER

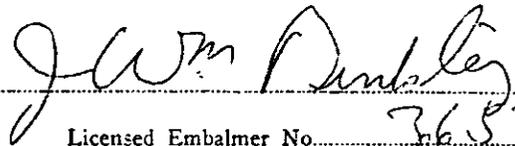
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3653

P. O. Address M. Louis Me

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.