

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

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42170

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3058 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	c. LENGTH OF STAY (in this place) <u>1</u> month	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) _____ c. (Last) <u>Wilke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 12 1865</u>
9. AGE (In years last birthday) <u>84</u>		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) <u>house keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Orchard Farm Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ernst Nolle</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Becker</u>	14. NAME OF HUSBAND OR WIFE <u>John Wilke</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Wilke Rt #2 Orchard Farm Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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?	
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>49</u> , to <u>Nov 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>49</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Franklin V. W.</u>		23b. ADDRESS <u>St. Charles Mo.</u>	23c. DATE SIGNED <u>Nov 25 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 27 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orchard Farm</u>	24d. LOCATION (City, town, or county) (State) <u>Orchard Farm Mo</u>
DATE REC'D BY LOCAL REG. <u>12-13-49</u>	REGISTRAR'S SIGNATURE <u>Frankie Knevel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frankie Knevel</u>	ADDRESS <u>St. Charles Mo.</u>

District File Number
District Health Officer No. 97
RECEIVED DEC 16 1919

APR 2 1958

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.....

Arthur C. Bance

Signed.....

Student Embalmer

Licensed Embalmer No. *3117*

P. O. Address.....

St Charles

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.