

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3513**

FILED JAN 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		0957	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>249 Jefferson St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Rottler</u> c. (Last) <u>Wilder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1950</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>May 15, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR (Months) (Days)		IF UNDER 2 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Weingarten, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Valentine Rottler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Isenman</u>		14. NAME OF HUSBAND OR WIFE <u>William Wilder</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>L. Tom Wilder Ste. Genevieve, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Nervous System</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. <u>Bronchial pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12/25/49</u> <u>?</u> <u>331X</u> <u>1/1/50</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		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>Dec. 25, 1949</u> , to <u>Jan. 4, 1950</u> , that I last saw the deceased alive on <u>Jan. 3, 1950</u> , and that death occurred at <u>4615A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alb. Lanning M.D.</u>				23b. ADDRESS <u>Ste. Genevieve Mo.</u>		23c. DATE SIGNED <u>1/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>L. D. Karl</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. Karl</u>		ADDRESS <u>Jerome A. Stanton Ste. Genevieve Mo</u>	

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

JAN 20 1950

RECEIVED 1-11-50

District Health Officer No. 4

District File Number 150-52

Date Filed

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

Jerome H. Sauter

Signed Student Embalmer

Licensed Embalmer No. 3817

P. O. Address *See Genevieve Mac*

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.