

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8241**

FILED MAR 31 1950

BIRTH NO.		REG. DIST. NO. 110	PRIMARY REG. DIST. NO. 5425	Registrar's No. 7
1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Doeuf		c. LENGTH OF STAY (In this place) 7 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf
d. FULL NAME OF HOSPITAL OR INSTITUTION Alb Dieterle Residence		d. STREET ADDRESS (If rural, give location) 3 Miles South of Berger, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) LOUISE		c. (Last) WEDEPOHL
4. DATE OF DEATH (Month) (Day) (Year) 3-22-1950		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-2-1864
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) U
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Wissmann		13b. MOTHER'S MAIDEN NAME Johanna Meyer
14. NAME OF HUSBAND OR WIFE Herman Wedepohl		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Dieterle, Berger RFD Mo		
18. CAUSE OF DEATH Enter only one cause for 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		4201
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis & hypertension		
19a. DATE OF OPERATION No 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) (Minute)		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 5-14 , 19 47 , to March 22, 1950 , that I last saw the deceased alive on 3-3- , 19 50 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) B. P. Wissmann M.D.		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 3/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/25/1950		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Berger RFD Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Blumberg		
DATE REC'D BY LOCAL REG. March 23-50		REGISTRAR'S SIGNATURE Jeffie Gammart		ADDRESS Berger Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0360

RECEIVED MAR 27 1950
District Health Officer No. 9,
District File Number

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

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Gustav W. Dittus*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.