

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10208
State File No. 2193
Registrar's No.

318

1003

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | d. STREET ADDRESS (If rural, give location) 23 2839 Victor St. 2839 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Theresa | | b. (Middle) F. | c. (Last) Brightfield | | 4. DATE OF DEATH (Month) (Day) (Year) 3/6/50 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct. 3, 1859 | 9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Franz Wieners | | 13b. MOTHER'S MAIDEN NAME Christina Unknown | | 14. NAME OF HUSBAND OR WIFE Otto E. | |
| 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 L. H. Heinecke--4152 Hartford | | |
| 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) Fr of skull; suffered when she fell down steps leading to basement of her home b. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. DUE TO (b) Jan. 14 1950 about 5:15pm DUE TO (c) Accident | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 000 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan 14 50 5:15 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 6900 ft. | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick E. Taylor Cor D | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 3-7-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/9/50 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Belleville, Illinois | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1950 J. P. Lester | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Deblorle | | ADDRESS 3634 Gravois | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

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.