S. No. 300
v. 10.48

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

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15689

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4533 Registrar's No. 5

1090

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wright City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wright City Mo 1090
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Katherine
c. (Last): Wildschuetz

4. DATE OF DEATH (Month) (Day) (Year): April 17 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 8 1886
9. AGE (In years last birthday): 63
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In the Home
11. BIRTHPLACE (State or foreign country): St Charles Co MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Braucksieker
13b. MOTHER'S MAIDEN NAME: Augusta Schnoor
14. NAME OF HUSBAND OR WIFE: Louis Wildscheutz

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: Louis Wildscheutz
ADDRESS: Wright City Mo

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) Verdict of Coroners Jury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) By natural Causes
DUE TO (c) Due to Acute heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Condition (Coronary thrombosis)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) Wright City (COUNTY) Warren (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?
4201

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Dr. P. H. Knigge
(Degree or title): Coroner
23b. ADDRESS: Warrenton
23c. DATE SIGNED: Apr 17 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19 1950
24c. NAME OF CEMETERY OR CREMATORY: Wright City Cemetery
24d. LOCATION (City, town, or county) (State): Wright City Mo

DATE REC'D BY LOCAL REG.: Apr 22 - 1950
REGISTRAR'S SIGNATURE: Mrs. F. W. Hughes 335
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg Furn & Und Co
ADDRESS: Wright City MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 25 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.

Student Embalmer No.....

Signed Julius J. Nieburg

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address Wright City

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.