No. 300
10.48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22570

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 36 v PRIMARY REG. DIST. NO. 6234 Registrar's No. 46

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

1090 /

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Elkhorn)
c. LENGTH OF STAY (in this place): life
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): Rural (Elkhorn) 1090
d. STREET ADDRESS (If rural, give location): West of Warrenton 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lovena
b. (Middle): Elisabeth
c. (Last): Wegener

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1950

5. SEX: Female /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Mar. 8, 1867

9. AGE (In years last birthday): 83
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: Own home

11. BIRTHPLACE (State or foreign country): Warren County, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo. H. Brinkmann

13b. MOTHER'S MAIDEN NAME: Charlotte Sundermeier

14. NAME OF HUSBAND OR WIFE: Henry Wegener, dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Benj. Wegener
ADDRESS: RR#4 Warrenton, 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) Chronic nephritis x myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) renal arteriosclerosis — 10 yrs
DUE TO (c) — 4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction (partial) — 3 wks

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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1935, *to* May 31, 1950, *that I last saw the deceased alive on* May 29, 1950, *and that death occurred at* 9:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Homer H. Schmidt M.D.

23b. ADDRESS: Marthasville Mo

23c. DATE SIGNED: 6-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 6-3-50

24c. NAME OF CEMETERY OR CREMATORY: St. Pauls E & R Cem.

24d. LOCATION (City, town, or county) (State): Marthasville, Mo.

DATE REC'D BY LOCAL REG.: 6-5-50

REGISTRAR'S SIGNATURE: Floyd Logan 421

25. FUNERAL DIRECTOR'S SIGNATURE: F.W. Nieburg & Co.
ADDRESS: Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 13 1960
District Health Officer No. 9

VS DEC 21 1960

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.

Student .....
Student Embalmer

Signed John F. Hiebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.