

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37534

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 61

5-00  
4

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hillsboro</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Desoto</b>	
c. LENGTH OF STAY (in this place) <b>2 hours</b>		d. STREET ADDRESS (If rural, give location) <b>Clement Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Cedar Grove Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederick</b> b. (Middle) <b>Wendell</b> c. (Last) <b>Wappler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>2/14/1867</b>		9. AGE (In years) (Month) (Day) <b>83</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Fred Wappler</b>		13b. MOTHER'S MAIDEN NAME <b>Frederica Lane Mamie Ostertag</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE (OR NAME) <b>Margaret Tybirkon St. Louis, Mo.</b>		ADDRESS	
---	--	---------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<b>490X</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF 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)		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 **11-8**, 1950, to **11-13**, 1950, that I last saw the deceased alive on **11-13**, 1950, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. E. Pierce, D.O. 2</b>		23b. ADDRESS <b>Desoto, Mo.</b>		23c. DATE SIGNED <b>11-15-50</b>	
--	--	---------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/15/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Desoto, Missouri</b>		24e. (State)			

DATE REC'D BY LOCAL REG. <b>Nov. 15 '50</b>		REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lonell B. Stetson</b>	
				ADDRESS <b>Desoto, Mo.</b>	

DATE RECEIVED 11-24-50  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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. 402

working under my personal supervision.

Student Ronald Benz  
Student Embalmer

Signed

Samuel B. Dretzky

Licensed Embalmer No. 4404

P. O. Address Depto. No.

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.