

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

760

FILED JAN 31 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 10

362

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY—(If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PRAIRIE</u> <u>0360</u>	
c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCILLE</u> b. (Middle) <u>MARY</u> c. (Last) <u>WIEDA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>20</u> <u>1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19 1901</u>	9. AGE (In years last birthday) <u>49</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give occupation during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>FRANKLIN Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN R. LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE BOURBON ELLIS WIEDA</u>		14. NAME OF HUSBAND OR WIFE <u>ELLIS WIEDA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELLIS WIEDA</u> ADDRESS <u>LONEDELL, MO</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>2ndary STATIC PNEUMONIA</u>		

19a. DATE OF OPERATION <u>1-21-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>...</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 1-13, 1951, to 1-20, 1951, that I last saw the deceased alive on 1-19, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Prall, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Clair, MO</u>		23c. DATE SIGNED <u>1-21-51</u>	
--	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 22 1951</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>PROSPECT</u>		24d. LOCATION (City, town, or county) (State) <u>LONEDELL, MO</u>	
--	--	----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>Jan. 22, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>990 [Signature]</u>		ADDRESS <u>ST. CLAIR, MO</u>	
--	--	---	--	--	--	---------------------------------	--

File No.

DISTRICT HEALTH OFFICE No. 4

JAN 29 1951

RECEIVED

MAY 5 1951

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 Frank Amaleng working under my personal supervision. Student Embalmer No. 364

Signed Frank Amaleng Student Embalmer

Signed K. M. Lerch Licensed Embalmer No. 3601 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.