

5.300
5.48

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

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21505

State File No. 5465

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis MO				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 township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Little Sisters of Poor 3400 S Grand Blvd				e. STREET ADDRESS (If rural, give location) 3400 S Grand Blvd			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First) _____		b. (Middle) E		c. (Last) Wernels	
4. DATE OF DEATH 6-14-1951		(Month) _____ (Day) _____ (Year) _____		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-19-1860		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 24 Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Tipton Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J Bestgen		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Repking 3527 Osage St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Changestine Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 mo 2 yrs 9 mo	
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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from Jan. 6 , 19 51 , to Jan 14 , 19 51 , that I last saw the deceased alive on Jan 12 , 19 51 , and that death occurred at 11 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwin J. Reedy MD		23b. ADDRESS 607 20th		23c. DATE SIGNED 6/15/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-1951		24c. NAME OF CEMETERY OR CREMATORY Tipton		24d. LOCATION (City, town, or county) (State) Tipton Mo.	
DATE REC'D BY LOCAL REG. JUN 15 1951		REGISTRAR'S SIGNATURE L. B. Rosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wingbermuehle 3819 S. Grand Blvd			

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Geo. W. Wuppermuelh

Licensed Embalmer No. _____

46112

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.