

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22661**

FILED AUG 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>24</u>	
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>Rural Meramec</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meramec</u>		0368	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan R#R 2.</u>				d. STREET ADDRESS (If rural, give location) <u>Sullivan R#R 2.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>Ch</u>		c. (Last) <u>Wess</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 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>Jan 1, 1908</u>	
9. AGE (In years last birthday) <u>43</u>		10. MONTHS <u>6</u>		11. DAYS <u>3</u>		12. IF UNDER 24 HRS. Hours Min. <u>- -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo. R#R 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Bertles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bandy</u>		14. NAME OF HUSBAND OR WIFE <u>Rudolph C. Wess</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rudolph C. Wess - Sullivan Mo. R#R 2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) <u>Coronary Artery (disease) Not known</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>-</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		c. <u>4201</u>		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) (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 <u>June 1950</u> , to <u>Aug 4, 1951</u> , that I last saw the deceased alive on <u>Aug 2, 1951</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Matthews M.D.</u> (Degree or title)				23b. ADDRESS <u>Beaufort, Mo.</u>		23c. DATE SIGNED <u>8-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 7 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony's Chh.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-5-51</u>		REGISTRAR'S SIGNATURE <u>Cl. H. H. H.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Lemme Beaufort Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE No. 4

AUG 8 1951

RECEIVED

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

Signed E. H. Lemme

Student Embalmer No. _____

Licensed Embalmer No. 3076

P. O. Address Beaufort Md

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.