

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27977

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY St. Charles 0920
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cappeln (Femmeosage)
 c. LENGTH OF STAY (In this place) lifetime
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
 a. STATE Missouri b. COUNTY St. Charles
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cappeln (Femmeosage)
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Otto b. (Middle) Fredrich c. (Last) Wildschuetz
 (Type or Print)
 4. DATE OF DEATH July 14 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
 8. DATE OF BIRTH May 11, 1889 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender
 10b. KIND OF BUSINESS OR INDUSTRY Tavern
 11. BIRTHPLACE (State or foreign country) Missouri
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Wildschuetz 13b. MOTHER'S MAIDEN NAME Johanna Schulz
 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) no
 16. SOCIAL SECURITY NO. None
 17. INFORMANT'S SIGNATURE OR NAME Alvin Wildschuetz ADDRESS Foristell, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Jury's verdict.
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201
 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Capeln Femmeosage Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7- 14 '51 12:30
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? - Found dead in bed

22. I hereby certify that I attended the deceased from 7/15/ 19 51, to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Morris Muschany, Coroner
 23b. ADDRESS Wentzville
 23c. DATE SIGNED 7/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 7, 16, 1951
 24c. NAME OF CEMETERY OR CREMATORY Cappeln Evangelical
 24d. LOCATION (City, town, or county) (State) Cappeln Mo.

DATE REC'D BY LOCAL REG. Aug 13, 1951
 REGISTRAR'S SIGNATURE Mrs. Viola Phares 399
 25. FUNERAL DIRECTOR'S SIGNATURE Morris Muschany ADDRESS Wentzville
 710

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 17 1951

RECEIVED

SEP 20 1951

1951
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard O. Kusler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.