

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39113
9761

1003

State File No.

No. 300
10.48

FILED DEC 8- 1951

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>		4576		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deconess Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2000 Parkridge</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lina</u> b. (Middle) <u>Rosina</u> c. (Last) <u>Hauwuelle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 17, 1867</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Wulfemeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Witte</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. O. Hauwuelle</u> ADDRESS <u>2000 Parkridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH _____ * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. PRECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Fracture</u> OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture rt hip</u> 16-V3-51								
19a. DATE OF OPERATION <u>11-1-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of rt femur - pin + plate applied</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Brentwood St. Louis Co. Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-28-51 6 P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell in her room 6:30</u>				
22. I hereby certify that I attended the deceased from <u>7-29, 1951</u> , to <u>11-2, 1951</u> , that I last saw the deceased alive on <u>11-2, 1951</u> , and that death occurred at <u>4:05 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Louis F. Howe M.D.</u> (Degree or title)				23b. ADDRESS <u>2511 Brentwood Dr. Brentwood 17 Mo</u>		23c. DATE SIGNED <u>11-4-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>NOV 5 1951</u>		REGISTRAR'S SIGNATURE <u>Louis F. Howe</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Croghan 7146 Manchester</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Howe
3511 Brentwood*

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 *W. E. Morris* _____

Licensed Embalmer No. *3360* _____

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.