

No. 30  
10. 48

RECEIVED JUN 24 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20033

State File No. ....

362

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri.</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>Washington.</u> <u>1362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>204 E. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Emma</u> c. (Last) <u>Wattenberg.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16th, 1952</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>Sept. 23, 1895.</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>8</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Big Springs, Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Miller.</u>	
13b. MOTHER'S MAIDEN NAME <u>Augusta Schraer.</u>		14. NAME OF HUSBAND <u>Dr. J. G. Wattenberg.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Reg. no. or unknown) (If yes, give war or dates of service) No. <u>X</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. G. Wattenberg</u> ADDRESS <u>Washington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES <u>Chr. Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 yrs.</u>		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) <u>Washington, Franklin, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 14, 1952</u> , to <u>June 16, 1952</u> that I last saw the deceased alive on <u>June 16, 1952</u> and that death occurred at <u>12:20 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Munch</u> (Degree or title) _____		23b. ADDRESS <u>W. D. Washington</u>	23c. DATE SIGNED <u>6-17-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 18, 1952</u>		REGISTRAR'S SIGNATURE <u>J. P. Hudmann by J. P. Hudmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nielburg &amp; Vitt Inc.</u> ADDRESS <u>Washington, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1952

JUG 8 1952

**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 Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

**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.