

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH4272
State File No. 0087-

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>0087</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Johns</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McBride</u> <u>0790</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rugh Manor Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u> b. (Middle) _____ c. (Last) <u>DeWilde</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1953</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>6-29-1882</u>			
9. AGE (In years, last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McBride, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Edmund Fuytinck</u>				13b. MOTHER'S MAIDEN NAME <u>Roslie Nuyt</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard DeWilde</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank DeWilde, McBride, 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>Arterial atherosclerosis</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>422g</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 1952</u> to <u>June 1953</u> that I last saw the deceased alive on <u>June 5, 1953</u> , and that death occurred at <u>1:30 P.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. R. Schumacher, M.D.</u>				23b. ADDRESS <u>8816 S. D. Perryville, Mo.</u>		23c. DATE SIGNED <u>June 8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perryville - Mo.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D. BY LOCAL REG. <u>1-11-53</u>		REGISTRAR'S SIGNATURE <u>Harriet R. Donohue-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bey, Perryville, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1958

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

V 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.