

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8364

State File No.

BIRTH NO. MAR 6 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 662

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville Mo.</u> | | c. LENGTH OF STAY (In this place) <u>4 DAYS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u> | | f. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2089</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>8816 Riverview Blvd.</u> | |

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|---|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u> b. (Middle) c. (Last) <u>Wierhake</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-1953</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>3-22-1866</u> | 9. AGE (In years last birthday) <u>86</u> | 10. MONTHS <u>1</u> 11. DAYS <u>26</u> 12. HOURS <u>11</u> 13. MIN. <u>53</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>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>William Wosterheide</u> | | 13b. MOTHER'S MAIDEN NAME <u>LANK Sickman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or date of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ray Wierhake</u> ADDRESS <u>8816 Riverview Blvd</u> | |

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|---|--|---|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Rheumatism</u> | | | 6 mo. | |
| | | DUE TO (c) | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|---|--|--|--|--|--|
| 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) | |
| 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 Jan 1, 1953, to Feb 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 11 2 m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Grace J. Montgomery</u> | | 23b. ADDRESS <u>4032 W. 72nd Louisiana</u> | | 23c. DATE SIGNED <u>2/26/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-2-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2-27-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ehr Koch + Son</u> ADDRESS <u>3516 E. 14th</u> | |
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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 _____

Ronald O. Yalunke

Licensed Embalmer No. 39017

P. O. Address St. Louis

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.