

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

9368

State File No.

No. 300
10. 48

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4181 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berger</u> c. LENGTH OF STAY (In this place) <u>3 1/2 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Residence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berger</u> d. STREET ADDRESS (If rural, give location) <u>Main Street</u>	
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3. NAME OF DECEASED (Type or Print) <u>ANNA</u>	a. (First) <u>ANNA</u>	b. (Middle) <u>KATHERINE</u>	c. (Last) <u>WILDING</u>	4. DATE OF DEATH: (Month) (Day) (Year) <u>3-24-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-7-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Berger RFD Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Epckhals</u>	13b. MOTHER'S MAIDEN NAME <u>Megadeline Anprill</u>	14. NAME OF HUSBAND OR WIFE <u>Adolph Wilding</u>
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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>Francis Wilding Berger, Mo</u>
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>essential hypertension</u> DUE TO (c) <u>None</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>at least 5 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 7/1, 1948, to 3/24, 1953, that I last saw the deceased alive on 3/23, 1953, and that death occurred at 5:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.D.</u>	23b. ADDRESS <u>New Haven, Mo.</u>	23c. DATE SIGNED <u>3/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-26-53</u>	REGISTRAR'S SIGNATURE <u>Edua D. Jung</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Bremer</u>	ADDRESS <u>Berger Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1917

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

August Blumenthal

Licensed Embalmer No. 3160

P. O. Address Hermann 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.