

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11453

State File No.

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4073 Registrar's No. 36

0160

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Appleton		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Old Appleton d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St.		e. STREET ADDRESS (If rural, give location) Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) Hugo		b. (Middle) Wucher	
c. (Last) Wucher		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 8, 1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tavern Operator	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Beverage		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Wucher		13b. MOTHER'S MAIDEN NAME Mary Ernst	
14. NAME OF HUSBAND OR WIFE Victoria Unterreiner Wucher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 493-26-9979		17. INFORMANT'S SIGNATURE OR NAME Mrs. Victoria Wucher, Old Appleton, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Terminal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/222	
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 June 21, 1952 , to May 31, 1954 , that I last saw the deceased alive on May 28, 1954 , and that death occurred at 3:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) Theodore Fischer M.D.		23b. ADDRESS Attenberg Mo.	
23c. DATE SIGNED 5-4-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE May 3, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic Cemetery	
24d. LOCATION (City, town, or county) (State) Schmurbusch, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Wey, Perryville, Mo.	
DATE REC'D BY LOCAL REG. May 5-54		REGISTRAR'S SIGNATURE D. G. Sisker 43	

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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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No..... *3*

P. O. Address *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.