

No. 300
10-28

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38444**

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **224**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - ST. CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BOULWARE TWP. 20	
c. LENGTH OF STAY (In this place) 6 YRS		d. STREET ADDRESS (If rural, give location) 10 mi. N.W. of HERMANN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ev. Emmaus Home			

3. NAME OF DECEASED (Type or Print)	a. (First) AUGUSTA	b. (Middle) PAULINA	c. (Last) WODTLEY	4. DATE OF DEATH (Month) (Day) (Year) NOV 13 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 7 - 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John PIGONS	13b. MOTHER'S MAIDEN NAME Wilhelmina Schoenegg	14. NAME OF HUSBAND OR WIFE SAMUEL WODTLEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME JULIA DEPPE-6730 Donald	ADDRESS HERMANN Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompression & cardiac failure		2 days
	ANTECEDENT CAUSES 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. generalized arteriosclerosis			10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION +3+3	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) m.	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 **November 1, 1954**, to **Nov 13, 1954**, that I last saw the deceased alive on **Nov 12, 1954**, and that death occurred at **10 PM** m., from the causes and on the date stated above.

23a. SIGNATURE George E. Kristus	(Degree or title) MD	23b. ADDRESS St Charles Mo.	23c. DATE SIGNED 11-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/16/54	24c. NAME OF CEMETERY OR CREMATORY ST John's Cemetery	24d. LOCATION (City; town, or county) (State) HERMANN RFD Mo
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DATE REC'D BY LOCAL REG. NOV 15 1954	REGISTRAR'S SIGNATURE Fannie	25. EMBALMER'S SIGNATURE Hugo H. Blumer	ADDRESS HERMANN Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1950

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 _____

Licensed Embalmer No. 3160

P. O. Address: Herrmann 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.