

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10360  
State File No. \_\_\_\_\_  
2347  
Registrar's No. \_\_\_\_\_

318  
REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital		d. STREET ADDRESS (If rural, give location) 0570 / 1	
3. NAME OF DECEASED (Type or Print) Irene			4. DATE OF DEATH (Month) (Day) (Year) March 11 1955
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-19-1915	
9. AGE (In years last birthday) 39		10. CITIZEN OF WHAT COUNTRY? 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Old Monroe, Mo.	
13a. FATHER'S NAME Anton Mensie		13b. MOTHER'S MAIDEN NAME Rose Reller	
14. NAME OF HUSBAND OR WIFE Ralph B. Wehde		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph B. Wehde Old Monroe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast  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. Carcinomatosis -	
19a. DATE OF OPERATION 8/54 x 12/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X		22. I hereby certify that I attended the deceased from 2-7-55, 1955, to 3-11-1955, that I last saw the deceased alive on 3-11-1955, and that death occurred at 5:20P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Schulte Stewart M.D.		23b. ADDRESS 4660 Maryland St. Louis Mo	
23c. DATE SIGNED 3/12/55		24. NAME OF CEMETERY OR CREMATORY Immaculate Conception	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION		24b. DATE 3-14-55	
24c. LOCATION (City, town, or county) Old Monroe Mo		24d. (State)	
DATE REC'D BY LOCAL REG. MAR 14 1955		REGISTRAR'S SIGNATURE Carl Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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

APR 2 1955

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 Paul A. Wachter

Licensed Embalmer No. 4787

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.