

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1722**

BIRTH NO.		REG. DIST. NO. <b>159</b>		PRIMARY REG. DIST. NO. <b>4249</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>HILLSBORO MO.</b>		c. LENGTH OF STAY (in this place) <b>24RS</b>		c. CITY OR TOWN <b>MERAMEE TWP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>SPD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CEDAR GROVE NURSING HOME</b>				f. STREET ADDRESS (If rural, give location) <b>CATAWISSA MO RRA#1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILHELMINA</b>		b. (Middle)		c. (Last) <b>GUENZLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-3-1956</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>MARCH-1-1868</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>8</b>		IF UNDER 2 WKS. Days <b>12</b>		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CATAWISSA MO RRA#1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHRIS. GUENZLER</b>		13b. MOTHER'S MAIDEN NAME <b>WINNIE BERTMAN</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE AND ADDRESS <b>LOUIS GUENZLER 430 ARSENAL ST ST LOUIS MO.</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbidity 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. <b>4222</b>					
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 <b>6-3</b> , 1956, to <b>1-3</b> , 1956, that I last saw the deceased alive on <b>1-3</b> , 1956, and that death occurred at <b>6:30 PM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. E. PIERCE MD</b>				23b. ADDRESS <b>De Soto MO.</b>		23c. DATE SIGNED <b>1-4-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/5/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK RIDGE CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>CATAWISSA MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-6-56</b>		REGISTRAR'S SIGNATURE <b>Kathleen Marden</b>		141-0		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>BRIMMER FUNERAL HOME HOUSE SPRING MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

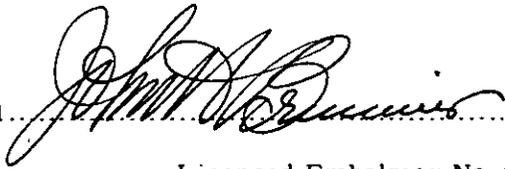
JAN 17 1956

---

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 1470

P. O. Address 

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.