

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39887

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 35

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Bay</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Length of stay in lb <u>5 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>Bay, Mo.</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Louis Waldecker</u> | | | 4. DATE OF DEATH Month Day Year <u>Nov. 6, 1957</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 1, 1876</u> | 9. AGE (In years last birthday) <u>81</u> | 10. F UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and state or country) <u>Bay, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Henry Waldecker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Peters</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louise Hesemann Waldecker</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Mrs. Anna Ruskaup Owensville, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Senility</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>592X</u> | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>8-14-57</u> to <u>11-6-57</u> and last saw him alive on <u>11-6-57</u> Death occurred at <u>9 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>S. F. Bradley M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>Owensville, Mo</u> | | 22c. DATE SIGNED <u>11-9-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>11-9-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls E & R Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Bay, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Welford H H Winter</u> ADDRESS <u>Owensville</u> | | 25. DATE RECD. BY LOCAL REG. <u>November 9, 1957</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Jappone</u> | | |

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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NOV. 21 1957

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 *[Signature]*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.