

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2499

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 305 Primary Registration District No. 6077 Registrar's No. 7

Health, Welfare, Public Service

300
-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. West			Length of stay in 1b			d. STREET ADDRESS RR #1 (If outside, give location)	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Catherine Middle Clara Last Wilmer					
4. DATE OF DEATH Month Jan. Day 28 Year 1958		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Nov. 18, 1872		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 2 Days 10		IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home Duties			11. BIRTHPLACE (City and state or country) Wentzville, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Moellering			14. MOTHER'S MAIDEN NAME Catherine Massmann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Edwin Wilmer, Wentzville, Mo. Address RR 1			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Arteriosclerosis, generalized (c) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500							INTERVAL BETWEEN ONSET AND DEATH 3 days 15 yrs 15 yrs
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.)				
20c. TIME OF INJURY Hour 5:05 Month Aug. Day 28 Year 1957 a. m. pp. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Wentzville, Mo.		20g. COUNTY Missouri STATE Missouri		
21. I attended the deceased from Aug. 28, 1957 to Jan. 28, 1958 and last saw ^{her} him alive on Nov. 23, 1958 Death occurred at 5:05 pp. m on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. M. Keller M.D.				22b. ADDRESS Wentzville, Mo.		22c. DATE SIGNED 1-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/31/58	23c. NAME OF CEMETERY OR CREMATORY South Linn Cemetery		23d. LOCATION (City, town, or county) (State) Wentzville, Missouri		
24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Feb 3 1958		26. REGISTRAR'S SIGNATURE Martha F. Puff	

MAR 11 1958

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 *Bartholomew Pitman*
Licensed Embalmer No. *49*

P. O. Address *Wentworth*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.