

DEC 1 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40668  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Charles Registration District No. 760 A  
 (b) Township Levi Primary Registration District No. 445  
 (c) City Wentzville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Oliva Duello  
 (a) Residence, No. Wentzville St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Duello  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20-1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 1 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo  
 FATHER 13. NAME Gustav Sachs  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 MOTHER 15. MAIDEN NAME Annie Mueller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo  
 17. INFORMANT (ADDRESS) Victor Duello, Wentzville, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bardonia, Mo. DATE Nov 11, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wentzville, Mo.  
 20. FILED Nov 9-39 Gertrude S. Fawcett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II-6-39, 19  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1937, to II-6-1939, 19  
 I last saw her alive on II-4-39, 19. Death is said to have occurred on the date stated above, at 7-00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Arterio-Sclerosis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*T. C. Pitman*

Licensed Embalmer No. *2711*

P. O. Address.....

*Wrightsville, 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, above space should be left blank.**