S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 41950

Registrar's No. 1448

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3241 Messanie St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 17 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 3241 Messanie
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Philomena Wertich

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Wm F. Wertich

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: July (Month) 30 (Day) 1862 (Year)

8. AGE: Years 81 | Months 4 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Galipolis (City, town, or county) Ohio (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Valentine Specht

13. Birthplace: Alsalsa Lorraine (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Knapp

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Wm F. Wertich

(b) Address: 3241 Messanie St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman W. Siedenfaden

(b) Address: 1802 Union St. St Joseph Mo

19. (a) 12-21-43 (Date received local registrar) (b) Rose Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 18th year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec. 16, 1943, to Dec. 16, 1943; that I last saw her alive on Dec. 16, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneum-	8 days
Due to:	
Due to:	
Other conditions: Myocard Chr. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Frank H. Lordegan (M. D. or other)

Address: 620 Francis Date signed: 12/20/43

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

JAN 28 1944

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 Herman Wm. Lidenfaden

Licensed Embalmer No. 2728

P. O. Address St. Joseph 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.