

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2091

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5914		Registrar's No. 11			
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wittenburg, Mo.		c. LENGTH OF STAY (in this place) 78 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wittenburg, Mo.		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) Ida		b. (Middle) A. Hellwege		c. (Last) Buenger			
4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Feb. 13, 1870		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME Peter Hellwege		13b. MOTHER'S MAIDEN NAME Fredericka Winter		14. NAME OF HUSBAND OR WIFE John F. Buenger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thea Frenzler, Wittenburg, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Atherosclerosis, General. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture l. upper arm 20							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 5 weeks			
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) 6 (COUNTY)		ADDITIONAL INFORMATION 19			
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? Requested					
22. I hereby certify that I attended the deceased from July 6, 1939 , to Jan. 31, 1949 , that I last saw the deceased alive on Jan 31, 1949 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Theodore Fischer		(Degree or title) M.D.		23b. ADDRESS Altenburg, Mo		23c. DATE SIGNED 2-2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran		24d. LOCATION (City, town, or county) (State) Altenburg Mo.			
DATE REC'D BY LOCAL REG. Feb 3-49		REGISTRAR'S SIGNATURE Joe J. Zollner		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons		ADDRESS Perryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

OFFICER No. 4

249-

2-10

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.

Signed Wallace Young

Licensed Embalmer No. 4027

Signed _____
Student Embalmer

P. O. Address Perryville

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.