

FILED MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4251**Registrar's No. **16**

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5181		State File No. 4251		Registrar's No. 16			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY Cape Girardeau					a. STATE Missouri						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)					b. COUNTY Cape Girardeau						
c. LENGTH OF STAY (in this place) 85 yrs.					c. CITY (If outside corporate limits, write RURAL and give township) Rural						
d. FULL NAME OF HOSPITAL OR INSTITUTION _____					d. STREET ADDRESS (If rural, give location) _____						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) Louise			b. (Middle) Maria			c. (Last) Grebe Wilkening			a. (Month) Feb.		
			d. (Day) 20						b. (Year) 1949		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
Widowed			Sept. 10 1863			85			House Wife		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
House Wife						Missouri			U.S.A.		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
Theodore Grebe				Maria Oehle				Henry Wilkening			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME			
No				None				Charles Wilkening Oak Ridge mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH			
				Broncho Pneumonia							
				*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
				II. OTHER SIGNIFICANT CONDITIONS							
				Arthritis Deformans							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)					
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?					
22. I hereby certify that I attended the deceased from Feb 19 , 1949, to Feb 20 , 1949, that I last saw the deceased alive on Feb 20 , 1949, and that death occurred at 2:48 a. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)							23b. ADDRESS			23c. DATE SIGNED	
R D Blyskal M.D.							Oak Ridge Mo			2-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
Burial		Feb. 21 1949		Methodist			Old Appleton Mo.				
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE			43			25. FUNERAL DIRECTOR'S SIGNATURE			
Feb 23-49		D. S. Suter			0			Young & Sons Perryville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

16
9

RECEIVED

Health Officer No. Y

Number 249-292

2-28-49

SEP 27 1955

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 Walter Young

Signed _____
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Peruville 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.