

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33486

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Boeuf</u> c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Boeuf</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway in car</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles S.E. of Berger, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>WILHEMENA PAULINA COULTER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10- 15- 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-10-1889-</u>	9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 4 HRS. Hours <u></u>	IF UNDER 4 HRS. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Berger, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Ernest Berlemann</u>	13b. MOTHER'S MAIDEN NAME <u>Paulina Bahn</u>	14. NAME OF HUSBAND OR WIFE <u>William Coultter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Coultter Berger, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 mos</u> <u>3 mos</u> <u>4 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>General arterosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct 14, 1949 and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Heberich Schmidt M.D.C.</u>	23b. ADDRESS <u>Midt Elm, Washington Mo</u>	23c. DATE SIGNED <u>10-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/18/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 18-49</u>	REGISTRAR'S SIGNATURE <u>Jessie Gammeter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Talbot Blumer Berger Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED 10-31-49
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Gustav W. Dietz* _____

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.