

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7220

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **562**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Des Peres		c. CITY (If outside corporate limits, write RURAL and give township) Maplewood	
c. LENGTH OF STAY (in this place) 3 Yrs.		d. STREET ADDRESS (If rural, give location) 7637 Weaver Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARETHA		b. (Middle) _____		c. (Last) WALDOPFEL		4. DATE OF DEATH (Month) (Day) (Year) Mar. 4 1950	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 26, 1856		9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? 0		
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13a. FATHER'S NAME Philip Wuertele			13b. MOTHER'S MAIDEN NAME Maria Dingler			14. NAME OF HUSBAND OR WIFE Late John B. Waldopfel		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Kolb 7637 Weaver Place			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 7 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Virus adyrenal							
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus - type unknown							
		DUE TO (c) unknown							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarct						4 yr.	

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 **26 Feb, 1950**, to **4 March, 1950**, that I last saw the deceased alive on **3 March, 1950**, and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Barnett M.D.		23b. ADDRESS 243 W. Jefferson		23c. DATE SIGNED 3-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Mar. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE Herbert G. Wernke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausen 4228 S. Kingshighway Bl	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400

MAR 4 1950

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143 W. Jefferson
1-4

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.....

Signed

Richard W. Stoverand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.