

No. 300  
10.48

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29431**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1066**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>101 Victorian Court.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Bretz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 19, 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept. 22, 1861</b>		9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Guelph, Canada 2</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Charles Blumenau</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas R. Bretz</b>	
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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) <b>No *****</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy C. Bretz St. Joseph, Missouri.</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Procto-splen</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterioscl. Cordis - vascular</b> DUE TO (c) <b>urine</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			<b>2 yrs -</b>

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) m.	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 **9/10**, 19**50**, to **9/18**, 19**50**, that I last saw the deceased alive on **9/18**, 19**50**, and that death occurred at **3:35** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank H. Handman, M.D.</b>		23b. ADDRESS <b>620 Francis St.</b>		23c. DATE SIGNED <b>9/20/50.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>Sept. 23, 1950</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins 382</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Halter Meierhoffer St. Joseph, Mo.</b>	
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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 ~~\*\*\*\*\*~~\*\*\*\*\*

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working under my personal supervision.

Signed.....\*\*\*\*  
Student Embalmer

.....\*\*\*\*  
Student Embalmer No.....\*\*\*\*

Signed.....  
*Raymond W. Merhe*

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.