S. No. 300
V. 10.48

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31265

State File No.

BIRTH NO. — REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 31

0371

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermann
c. LENGTH OF STAY (In this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 306 W. 6th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermann 0371
d. STREET ADDRESS (If rural, give location) 306 W. 6th St

3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE b. (Middle) MALVINA c. (Last) WARTMAN

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 7-1865
9. AGE (In years last birthday) 87 — 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 Housework
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Henry Baslew
13b. MOTHER'S MAIDEN NAME Unkown
14. NAME OF HUSBAND OR WIFE J. J. Wartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Clara Buehler, ADDRESS Hermann, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 8 years

DUE TO (c)

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 334 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 52, *to* Sept 9, 19 52, *that I last saw the deceased alive on* Sept 6, 19 52 *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. Rhodius M.D. (Degree or title)
23b. ADDRESS Hermann
23c. DATE SIGNED 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-9-52
24c. NAME OF CEMETERY OR CREMATORY St. George Cemetery
24d. LOCATION (City, town, or county) Hermann, (State) Mo

DATE REC'D BY LOCAL REG. Sept. 13, 1952
REGISTRAR'S SIGNATURE Dorothy Wallace
25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Deuner
ADDRESS Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student _____
Student Embalmer

Signed August Elmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.