

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37218**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2456</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u>		c. LENGTH OF STAY (If this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>		<u>1920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2912 Middlebush avenue</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>		b. (Middle) _____		c. (Last) <u>Wefel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-52</u>	
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>11-8-1877</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Moellering</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryn Massmann</u>		14. NAME OF HUSBAND OR WIFE <u>Ernst H. Wefel</u>		
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>Ernst H. Wefel, Wentzville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation 2 mos.</u></p> <p>ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u></p>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Oct 1951</u> , to <u>Oct 12, 1952</u> , that I last saw the deceased alive on <u>11 Sept, 1952</u> , and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>13 Oct 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Wentzville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/14/52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donche - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Muschany F.H., Wentzville, Mo.</u>			

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

4001

OCT 18 1954

OCT 27 1953

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 W E Morris

Licensed Embalmer No. 3360

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.