

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41761

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2890

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Bonhomme Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bonhomme Twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>63 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Conway & White Rds.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway & White Rds.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> | b. (Middle) <u>Louisa</u> | c. (Last) <u>Wuellner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1953</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>never married</u> | 8. DATE OF BIRTH <u>1/27/1890</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u> | IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry Wuellner</u> | 13b. MOTHER'S MAIDEN NAME <u>Emilie Koch</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edward Wuellner</u> | ADDRESS <u>Rt 1 Chesterfield 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> | |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u> | | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Early Senility</u> | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rose</u> | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 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) <u>3318</u> |
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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 Sept 1953, to Nov. 7, 1953, that I last saw the deceased alive on Nov 1st, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Walter H. Nuffer, M.D.</u> | 23b. ADDRESS <u>3108 South Grand</u> | 23c. DATE SIGNED <u>11/8/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/10/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bellefontaine Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-9-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u> | ADDRESS <u>Ballwin, Mo.</u> |
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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

Harry F. Schrader

Licensed Embalmer No. *2091*

P. O. Address *Ballwin 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.