

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 - 1955

State File No. 31697

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7697

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 376		d. STREET ADDRESS (If rural, give location) 7506 Teasdale Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXX Deaconess Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) HANPETER c. (Last) WUEGER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1877		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 1 HR. 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 At Home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fred C. Hanpeter		13b. MOTHER'S MAIDEN NAME Bertha Seibert		14. NAME OF HUSBAND OR WIFE Julius Wueger	
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 Clarence H. Apple, 416 W. Lockwood, Webster Gr., Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (b) Fracture of rt elbow (c) Antecedent causes			INTERVAL BETWEEN ONSET AND DEATH Recent 2 wks		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			11. 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 8-27, 1955, to 8-31, 1955; that I last saw the deceased alive on 8-31, 1955, and that death occurred at 6:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) Bert H Klein		23b. ADDRESS 7632 S Kingshighway		23c. DATE SIGNED 9-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/3/55	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. SEP 1 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 700	

(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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Eastwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact, should be so stated above.