

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023034
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.			Length of stay in lb 2 1/2 days.		d. STREET ADDRESS 319 NEWBERRY		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CLARA First WOEHLER Last				4. DATE OF DEATH Month JUNE Day 25 Year 1958					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 4, 1881		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME LOUIS VON BEHREN				14. MOTHER'S MAIDEN NAME CHARLOTTE KORING					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT GEORGE VON BEHREN, Address FREDERICKTOWN, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia							INTERVAL BETWEEN ONSET AND DEATH 2 mo		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriole Nephrosclerosis							DUE TO (c) 442X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertensive Cardiovascular disease							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour 9:15 P Month, Day, Year June 9, 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Farmington, MO		STATE MISSOURI	
21. I attended the deceased from June 9, 1958 and last saw her alive on June 25, 1958 Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. A. Hubstey M.D. (Degree or title)					22b. ADDRESS Farmington, MO		22c. DATE SIGNED 6/27/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/28/58		23c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.			
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME, ADDRESS FREDERICKTOWN, MO.				25. DATE RECD. BY LOCAL REG. June 27 1958		26. REGISTRAR'S SIGNATURE Ether Rudloff			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1956 JUL 8

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
Signature of Student Embalmer

Signed *Charles McPart*

Licensed Embalmer No. 48

P. O. Address *Fredrick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.