

REF: SFP 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26929  
Do not use this space.

791  
1938

6943

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis (d) Street No. 4518 Washington Bl. Central Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henrietta J. Wischmeyer

(a) Residence, No. Spanish Lake, Mo. St. NR  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank G. Wischmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1880

7. AGE YEARS 57 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Black Jack (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Hammerschmidt

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Hoffmeister

16. BIRTHPLACE (CITY OR TOWN) Black Jack (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ilda Wischmeyer  
Spanish Lake, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack Cem. DATE Aug. 8, 1938.

19. FUNERAL DIRECTOR (NAME) Charles H. ... (ADDRESS) 4911 Washington Bl.

20. FILED Aug 5, 1938 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to August 4, 1938  
I last saw him alive on August 4, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction & Lobar  
Sigpne pneumonia Date of onset Aug 3/38

Other contributory causes of importance: hypertension - (for 100 - July 27/38)  
(app. uterus)

Name of operation Hypertectomy Date of 7/27/38  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Wm. A. Knight, M. D.  
(Address) 8201 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Elton R. H. Resnelius*

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Elton R. H. Resnelius*

Licensed Embalmer No. *3154*

P. O. Address *3948<sup>a</sup> Green Ave.*

*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, above space should be left blank.