

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23829

AUG 23 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

6274

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis St. Anthony Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony Hospital /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 years, months or days)

In this community _____
years, months or days)8. (a) PRINT FULL NAME WILLIAM WINGBERMUEHLE 5218. (b) If veteran, name war ----- 8. (c) Social Security No. 490-18-98564. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased July 10 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 - 14 hr. min.9. Birthplace Germany 6
(City, town, or county) (State or foreign country)10. Usual occupation Funeral Director

11. Industry or business _____

12. Name Gerhard Wingbermuehle 613. Birthplace Germany 6
(City, town, or county) (State or foreign country)14. Maiden name Gessina Willow 6
(City, town, or county) (State or foreign country)15. Birthplace Germany 6
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Wingbermuehle(b) Address 2849 Texas Ave.17. (a) Burial (b) Date thereof July 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS. Peter & Paul Cem.18. (a) Signature of funeral director J. F. Credack(b) Address 2630 Gravois Ave.19. (a) JUL 28 1940 (b) J. F. Credack
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2849 Texas Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 11 minute 45 A.M.21. I hereby certify that I attended the deceased from June
1, 1940, to July 24, 1940
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration unknownDue to arterio-sclerosis unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations noneOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Schreiner (M. D. or other) MDAddress 331 98 Blvd. Date signed 7-25-40WHILE FILLING IN USE WRITING BLACK INK—MAKE A PERMANENT RECORD
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, or by Me

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

Signed Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.
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, above space should be left blank.