

Registration District No. 791

Primary Registration District No. 1003

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179

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
5012a Bulwer Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... None
(Specify whether)
 In this community..... Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5012a Bulwer Ave
(If rural, give location)
 (e) Citizen of foreign country? No D (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Agnes Wischmeyer
 3. (c) Social Security name war..... None No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
 year 1942 hour 1:20 AM minute..... M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife..... Erwin H. Wischmeyer 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... March 11, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/24/42 19..... to 6/5 19.....
 that I last saw h. ER alive on 6/5 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
43 2 28 hr. min.

Immediate cause of death..... Cachexia
 Duration

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to..... Carcinoma of cervix uteri
 Due to.....

10. Usual occupation..... At home

Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....
 12. Name..... Joseph C Nies
 13. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name..... Barbara Brand
 15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations..... None
 Of autopsy..... None
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... Miss Mary A Nies
 (b) Address..... 4941 Leahy Ave

22. If death was due to external causes, fill in the following:
 (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.....

17. (a) Burial (b) Date thereof..... 6/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Valhalla Cemetery

23. Signature..... Joseph A. Nies (M. D.)
 Address..... 5162 55th Street Date signed..... 6-9-42

18. (a) Signature of funeral director..... Math Hermann & Son
 (b) Address..... 2161 East Fair Ave
 19. (a) JUN 9 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

1/20
2/10
2/10
SY/18/10

Examiner of Embalming

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address.....

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.