

Registration District No. **MAR 18 1943**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3205 Bailey Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 19 days (Specify whether
In this community 1 month 19 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 017
(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")
(d) Street No. 3205 Bailey Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Joan Wichmer

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 4, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 19 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leo H. Wichmer
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Frances Cognata
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leo H. Wichmer

(b) Address 3205 Bailey Ave

17. (a) Burial (b) Date thereof 2-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) FEB 25 1943 (b) J. F. Bradeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/23/43 year _____ hour _____ minute 5:45 P. M.

21. I hereby certify that I attended the deceased from 2/17/43 to 2/23/43 that I last saw her alive on 2/23/43 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 5 da.

Due to Cold 7 da.

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

23. Signature E. B. Engman (M. D. or other) M.D.
Address 2901 Big Bend Date signed 2/25/43

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Charles J. Goodhue

Licensed Embalmer No. *2777*

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, fact should be so stated above.