

FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

15344

State File No.

3460

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:
5208 a So Compton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sophia Wizemann

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color white 6. (a) Married
race Single, widowed, married, divorced
 6. (b) Name of husband or wife John Geo. Wizemann 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased: Dec. 21 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 22 _____ hr. _____ min.
4

9. Birthplace Germany
(City, town, or county) (State or foreign country)
House Wife

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Hartmann
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wizemann
 (b) Address 5208 So Compton

17. (a) _____ (b) Date thereof 4.16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Church Yard
FENDLERUND CO.

18. (a) Signature of funeral director _____
 (b) Address 7420 Michigan

19. (a) APR 15 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5208 So Compton
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
 year 1946 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 1~~st~~ 1946 to 4/13 1946
 that I last saw her alive on 4/12/46 and that death occurred on the date and hour stated above.

Immediate cause of death CH. Myocarditis
Senility
 Due to _____
 Due to _____

Duration
6 yrs.
2 yrs.

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of 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:
 (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? _____ Means of injury _____

23. Signature P. M. Creeb (M. D. or other) M.D.
 Address 3402 California Date signed 4/13/46

3402 Cal.

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 *Oliver E. Fendler*
Licensed Embalmer No. *4148*
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.