

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19047  
Registrar's No. 4518

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Magdalena Wich

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 21, 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Wich  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Victoria Berninger  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. Wich  
(b) Address 4937 Lotus Ave.

17. (a) Burial (b) Date thereof May 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.  
(b) Address 4746 West Florissant

19. (a) MAY 20 1946 (b) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1465 Arlington Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1946 hour 10 minute 150 M.

21. I hereby certify that I attended the deceased from Mar. 10  
1946 to May 18 1946  
that I last saw her alive on May 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Arteriosclerosis  
Due to \_\_\_\_\_

Other conditions 82  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Wm. C. Macdonald (Specify type of place) (c) Means of injury Other  
Address 539 N. Grand Date signed 5-20-46

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

17925

**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.....

Licensed Embalmer No. 4053

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.**