FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18129

FILED JUN 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5017

WRITE PLAINLY—USING 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: St. Lukes Hospital. (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 96
(c) City or town University City 5, (If outside city or town limits, write "RURAL") 3
(d) Street No. #601 Westgate Avenue. (If rural, give location) 5
NR,
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANNA F. WAMBAUGH.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female. 1
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed. 2
6. (b) Name of husband or wife Mahlon W. Wambaugh,
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased December 5th, 1857. (Month) (Day) (Year)

8. AGE: Years 90. Months 5. Days 26. If less than one day hr. min.

9. Birthplace New York City, (City, town, or county) New York. (State or foreign country) 1
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Conrad Koehler.
13. Birthplace Munich, (City, town, or county) Germany. (State or foreign country) 4
MOTHER
14. Maiden name Marguerite Vogel.
15. Birthplace Munich, (City, town, or county) Germany. (State or foreign country) 4
16. (a) Informant Edmund W. Wambaugh.
(b) Address 601 Westgate Avenue,
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 6/2/48. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th, year 1948. hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from May 26, 1948, to May 30, 1948; that I last saw her alive on May 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Left side of Brain) — Duration 5 days
Due to General arteriosclerosis
Due to
Other conditions Cirrhosis of Liver (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hiram J. Leggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 5/31/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JE-1551

1-2. Monday.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.