DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18150

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4664

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: DePaul Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4937 Lotus Ave. 0
(If rural, give location)
6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Catharine F. Wich

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased November 25, 1904 (Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Joseph F. Wich Sr.
13. Birthplace St. Louis O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angelina Hellrung
15. Birthplace Freeburg, Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Wich Sr.
(b) Address 4937 Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) MAY 20 1948 (Date received local registrar) (b) J. F. Brescek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 48 hour 8 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 1 1947 to May 18 1948 that I last saw him alive on May 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis. Arteriosis

Due to Malnutrition.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature L. Hayden (M. D. or other) M.D.
Address 5899 Delmar Date signed 5/19/48

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET—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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.