

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 11175

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

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. 1522 S. 7th St.
Memorial 23 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY HENRY WISHON

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

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

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

7. Birth date of deceased Feb. 4th 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Richard Wishon

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine House

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Wishon

(b) Address 1522 S. 7th St.

17. (a) burial (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director E. J. Schnur

(b) Address DEC 27 1948 3125 Lafayette Ave.

19. (a) _____ (Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1948 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/22/48
_____ 19, to Dec. 23rd 19 48
that I last saw him in alive on Dec. 23rd 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure - Etiology unknown

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature James H. Hutchinson, M.D. 1515 Lafayette 12/27/48
Address _____ Date signed 12/27

PHYSICIAN

Underline the cause to which death should be charged statistically.

Hutchinson

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

MOTHER FATHER

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.....

John B. Volkman

Licensed Embalmer No.....

4014

P. O. Address.....

3125 Lafayette

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.