

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14320

State File No. 3912

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton, Mo.		76 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 31 Grantwood Lane				
3. NAME OF DECEASED (Type or Print) a. (First) Pearl		b. (Middle) Ethea		c. (Last) Wyloge		4. DATE OF DEATH (Month) (Day) (Year) 4-29-49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 24 1905		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 2		IF UNDER 2 HRS. Days 5		Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Sam Cohen			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Herman Wyloge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Herman Wyloge 31 Grantwood, Affton, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 2 wks 6 mos 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE No		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - 94 Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from Feb 1947 to 29 Apr 1947, that I last saw the deceased alive on 29 Apr 1947, and that death occurred at 11:30 AM, from the causes and on the date stated above.								
23a. SIGNATURE Lea Bottled - 10 M D				23b. ADDRESS 607 N Grand St St Louis Mo		23c. DATE SIGNED 30 Apr 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.		
DATE REC'D BY LOCAL DEPT MAY 8 1949		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mort. 6161 Chippewa			

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

n.r.

No Miss Willard's feet

MAY 18 1941

Dr. Leo Gottlieb
607 No. Grand Blvd.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James E. Hoffmann

Licensed Embalmer No. 3471

P. O. Address 7814 S. Broadway

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.