No. 300
10.48

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16395

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 2 YR - 9 MOS - 13 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INF

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 1320 ALLEN 1

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) WIKESCH c. (Last)

4. DATE OF DEATH (Month) MAY (Day) 23 (Year) 1949

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 13, 1868
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - PAVER
10b. KIND OF BUSINESS OR INDUSTRY: CITY OF ST. LOUIS
11. BIRTHPLACE (State or foreign country): ST. LOUIS O
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: JOSEPH WIKESCH
13b. MOTHER'S MAIDEN NAME: JOSEPHINE VELAT
14. NAME OF HUSBAND OR WIFE: CATHERINE MAHACHEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Brother Rock, O.S.F. ADDRESS: St. Josephs Hill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE (INSUFFICIENCY) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL - ARTERIO - SCLEROTIC CARDIO
DUE TO (c) VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
CHRONIC MYOCARDITIS 1222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/13, 1946, *to* 5/23, 1949, *that I last saw the deceased alive on* 5/23, 1949, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Marder Mtn. O
23b. ADDRESS: 3155 N. VANDEVENTER ST. LOUIS
23c. DATE SIGNED: 5/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-1949
24c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: May 24-49
REGISTRAR'S SIGNATURE: Phil J. Kirk
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. C. Moydell, 1926 Allen Ave., St. Louis, Missouri
ADDRESS: St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 2 1949

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~~ Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. ~~[illegible]~~

P. O. Address 4283 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.