

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17832
 Registrar's No. 4408

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

16

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

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 town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3114a Miami St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) R. c. (Last) Wutzler			4. DATE OF DEATH (Month) (Day) (Year) 5/16/49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 4, 1866
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Alton, Illinois
10b. KIND OF BUSINESS OR INDUSTRY --		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Wutzler		13b. MOTHER'S MAIDEN NAME Amelia Mordick	14. NAME OF HUSBAND OR WIFE Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Wutzler--3114a Miami St.
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) Hemorrhage, esophageal varices ANTECEDENT CAUSES DUE TO (b) Portal Cirrhosis of Liver DUE TO (c) Hypostatic Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 124	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5810	
22. I hereby certify that I attended the deceased from March, 1949, to May, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. S. Resnikoff, M.D.		23b. ADDRESS 3407A So. Jefferson Ave.	23c. DATE SIGNED May 17th
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5/19/49	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. MAY 17 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldler 3634 Gravois	

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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 *Delis J. Kriskin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Gravois*

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.