No. 300
10-48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11298

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2343

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 4928a St. Louis Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) P. c. (Last) Wissman
4. DATE OF DEATH (Month) (Day) (Year): March 9th. 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: II/7/1882
9. AGE (In years last birthday): 67 | 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): Kiln Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Walsh Ref. Co.
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Fred W. Wissman
13b. MOTHER'S MAIDEN NAME: Caroline Peters
14. NAME OF HUSBAND OR WIFE: Della Wisman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unless unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-05-4407
17. INFORMANT'S SIGNATURE OR NAME: Della Wisman ADDRESS: 4928a St. Louis Ave.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General abdominal metastases — 6 mo

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) ISK
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* Nov 11, 1949, *to* March 9, 1950, *that I last saw the deceased alive on* March 9, 1950, *and that death occurred at* 7 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clement Kane (Degree or title) MD
23b. ADDRESS: 1117 N Grand
23c. DATE SIGNED: March 10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/50
24c. NAME OF CEMETERY OR CREMATORY: Old Pickers Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 10 1950
REGISTRAR'S SIGNATURE: J B Fasaler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sullivan Funeral Dir. 2849 Euclid

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Signed Robert L. Brinkm

Signed _____
Student Embalmer

Licensed Embalmer No. 3563

P. O. Address _____

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

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