

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19004

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1190

48000 4

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (in this place) 1 1/2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3109		
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			d. STREET ADDRESS (If rural, give location) 4133 Lea Place		

3. NAME OF DECEASED (Type or Print) a. (First) Kate			b. (Middle) Wahl		c. (Last) Wahl		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1950		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 14, 1867		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 2 Days 24		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? 0		
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13a. FATHER'S NAME Michael Wahl			13b. MOTHER'S MAIDEN NAME Catherine Scheer			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude Wall 1433 Rowan			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis						2 yrs	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.						2 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 4-14, 1950, to 5-8, 1950, that I last saw the deceased alive on 5-14, 1950, and that death occurred at 7:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>[Signature]</i>		23b. ADDRESS Riskwood, Mo		23c. DATE SIGNED 5/8/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/10/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo. Mo.	
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DATE REC'D BY LOCAL REG. 5-9-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FURNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 1225 Union	
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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 Clement M. Mead.....

Licensed Embalmer No. 3732.....

P. O. Address H. Lucia.....

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.