

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22110

State File No.

FILED JUL 13 1950

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5724

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u> <u>3400 S. Grand Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>16</u> <u>3400 S. Grand Blvd.</u>	

3. NAME OF DECEASED (Type or Print) <u>Oscar</u>	a. (First)	b. (Middle) <u>J.</u>	c. (Last) <u>Wander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1950</u>
---	------------	--------------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 14, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 2 HRS. Days <u>16</u>	Hours	Min.
-----------------------	----------------------------------	--	--	--	------------------------------------	-----------------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>George Wander</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine ?</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frederick P. Wander</u>	ADDRESS <u>1633A Tower Grove Ave.</u>
--	-------------------------	---	--

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		INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arturo-Sclerosis 5 yrs</u>		
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)
--	--	---

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? <u>331X</u>
---	--	---

22. I hereby certify that I attended the deceased from June 1, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 2 PM. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. T. ...</u>	(Degree or title)	23b. ADDRESS <u>607 No Grand</u>	23c. DATE SIGNED <u>7/1/50</u>
--------------------------------------	-------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JUL 2 1950</u>	REGISTRAR'S SIGNATURE <u>J B Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u>	ADDRESS <u>2630 Gravois Ave.</u>
---	---	--	-------------------------------------

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

5

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 _____

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.