

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2059	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1283a Amherst Place		d. STREET ADDRESS (If rural, give location) 1283a Amherst Place	

3. NAME OF DECEASED (Type or Print) a. (First) Adam b. (Middle) _____ c. (Last) Wigert		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married 0	8. DATE OF BIRTH Aug. 23, 1873
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Retired	11. BIRTHPLACE (State or foreign country) Belleville, Illinois 1
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Pankraz Wigert	13b. MOTHER'S MAIDEN NAME Christine Schloerer	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Koob, 1283a Amherst Pl.

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) Acute Bronchitis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma & Senility		
	DUE TO (c) _____		
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) (Min) 12:30	21e. (INJURY OCCURRED WHILE AT WORK) (NOT WHILE AT WORK) <input checked="" type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 241X

22. I hereby certify that I attended the deceased from **12-26-1950**, to **12-30-1950**, that I last saw the deceased alive on **12-30-1950**, and that death occurred at **12:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE David White, M.D.	(Degree or title)	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 1-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2	24b. DATE Jan. 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE RECD BY LOCAL REG. JAN 2 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gullinore Bros. 3320 N. Kingshighway
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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 me.

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address 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.