

S. No. 30  
v. 10.48

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10943

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3066 Registrar's No. 613

4003  
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>2 1/2 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>430 S. Geyer Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>430 S. Geyer Rd.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>T.</b> c. (Last) <b>WEDLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 7 1951</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 26, 1902</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months   Days		IF UNDER 1 HR. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-United Refrigerator Sales Co.</b>						10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo.</b>					
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>						12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John W. Wedler</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Seypholtzki</b>			14. NAME OF HUSBAND OR WIFE <b>Olive S. Wedler</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Olive S. Wedler</b>				ADDRESS <b>430 S. Geyer Rd.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary art. dis</b>						<b>5 yrs</b>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2 previous infarctions</b>						<b>5 yrs</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>						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)		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 **9-13**, 19**51**, to **3-7**, 19**51**, that I last saw the deceased alive on **3-7**, 19**51**, and that death occurred at **3:20 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wayne O. Scola, M.D.</b>		(Degree or title)		23b. ADDRESS <b>2729 No. Grand</b>		23c. DATE SIGNED <b>3-8-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 9, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3/8/51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Friegshauser</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

1734 N Grand

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin A M Geruett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3024*

P. O. Address.....

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.