

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21640**

BIRTH NO. **710** JUL 5 1957 REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **135**

1920
5-

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

1. PLACE OF DEATH a. COUNTY ST CHARLES			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST CHARLES RURAL)		c. LENGTH OF STAY (in this place) (township) 4 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		257
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMHAUS HOME			d. STREET ADDRESS (If rural, give location) 5013 ALASKA AVENUE		
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) -	c. (Last) WIELT	4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH DEC. 29, 1872	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months 6 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILLINOIS 1		12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13a. FATHER'S NAME PHILIP JEHLING		13b. MOTHER'S MAIDEN NAME MARGARET HERBST	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 Theophil Staerner, ST. CHARLES, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broken Compensation			2 days	
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) Chronic Myocarditis			5 yrs	
	DUE TO (c) Sen Arterio sclerosis			10 yrs	
	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)	4221		
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?			
22. I hereby certify that I attended the deceased from May 14, 1952 to June 30, 1952 , that I last saw the deceased alive on June 27, 1952 and that death occurred at 6 P. M. from the causes and on the date stated above.					
23a. SIGNATURE A P Erich Schurz MD (Degree or title)			23b. ADDRESS St Charles Mo		23c. DATE SIGNED 6/30/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 7-2-52	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 7-1-52	REGISTRAR'S SIGNATURE Hannie Hamelton	ADDRESS Wm. Schumacher 3013 Meramec ST LOUIS			

ST. Charles MO.
424 Jefferson St
FANNIE HAMILTON
5 x 6 St

RECEIVED

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 Jack Haupt
Licensed Embalmer No. 9796

P. O. Address St Louis 2

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.

For use of the
embalmer