

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40885
10136

FILED DEC 2 1952

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 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. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2099 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital D.O.A.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1966a East Warne Avenue,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> | | b. (Middle) <u>H.</u> | | c. (Last) <u>Wischmeyer,</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1952.</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>7-14-1891</u> | |
| 9. AGE (In years last birthday) <u>61</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coupon Teller</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>1st Nat. Bank</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>C. H. Wischmeyer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emily Diering</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>1st W.W.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Ida Wischmeyer 1966a E. Warne 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 21f. HOW DID INJURY OCCUR? <u>443x</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>May 16, 1952</u> to <u>Nov 3, 1952</u> , that I last saw the deceased alive on <u>Oct. 22, 1952</u> , and that death occurred at <u>12:50 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Henry C. Westerman, M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>2136 East Grand Ave</u> | | 23c. DATE SIGNED <u>11-4-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-6-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u> | |
| DATE REC'D BY LOCAL <u>NOV 5 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u> | | | |

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

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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 McManis

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.