

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16389

FILED APR 23 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3846

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> <u>2169</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>16 3645 LOUISIANA AV. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3645 LOUISIANA AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u>		b. (Middle)	
		c. (Last) <u>WISSMANN</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb. 11, 1882</u>
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany. 4</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albrecht HANK</u>		13b. MOTHER'S MAIDEN NAME <u>Clementine ERATH</u>	
		14. NAME OF HUSBAND OR WIFE <u>Conrad Wissmann</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 ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>hours</u> <u>mins.</u>	
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.)	
		<u>St. Louis, Mo.</u>	
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>4201</u>	
22. I hereby certify that I attended the deceased from <u>March 19 53</u> to <u>4/12/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/12/53</u> , 19 <u>53</u> , and that death occurred at <u>7:15 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>A. MEZERA, M. D. 689 NO. GRAND</u>	
		23c. DATE SIGNED <u>4/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 15, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F. H. Inc., 1936 St. Louis Av</u>	
APR 14 1953			

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

Dr. Wm. Weinsberg,  
3606 Gravois

Phone - SI 2959  
Hours - 2-4 PM

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 \_\_\_\_\_

*None*

Student Embalmer No. \_\_\_\_\_

*None*

working under my personal supervision.

Student .....

Student Embalmer

*None*

Signed \_\_\_\_\_

*John J. Krepper*

Licensed Embalmer No. \_\_\_\_\_

*3497*

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.