No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23336

State File No.

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1695

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. St. Louis Co. Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 1607 Veronica Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Oscar
b. (Middle)
c. (Last) Wackwitz

4. DATE OF DEATH (Month) (Day) (Year) 6/17/53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 29 1873
9. AGE (In years last birthday) 80 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleman
10b. KIND OF BUSINESS OR INDUSTRY Retired-Unk.
11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dont Know
13b. MOTHER'S MAIDEN NAME Dont Know
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 056 05 4529
17. INFORMANT'S SIGNATURE OR NAME Frances Prost **ADDRESS** 1607 Veronica Ave.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted strangulation

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) by ligature while he was a patient at the GRAVOIS REST

DUE TO (c) HAVEN HOME, on Gravois Road. Body found in victim's room,

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* suspended from a closet knob by belt from his robe.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 974x
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gravois Rest Haven
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 17, 1953 10:29 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Hanging

22. *I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner
23b. ADDRESS Clayton, Mo.
23c. DATE SIGNED 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/20/53
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) St. Louis Co, Mo. (State)

DATE REC'D BY LOCAL REG. 6-19-53
REGISTRAR'S SIGNATURE Herbert R. Bomb-M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Jos. H. Clark **ADDRESS** 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J. Stamm

Licensed Embalmer No. 478

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.