

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1854

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS 10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS 4485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital-</u>		d. STREET ADDRESS (If rural, give location) <u>Clayton Rd. St. Louis, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Desideria, Sister Mary, S.S.M. Wahl</u> b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1953</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>8-17-1884</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>68 8 16</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RELIGIOUS</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Heinrich Wahl</u>	13b. MOTHER'S MAIDEN NAME <u>Helena Schmitz</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Francine, 6420 Clayton Rd.</u>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Myocardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Coronary Arteries CAUSING Arteriosclerotic Heart+Disease.</u>		<u>4 years</u>
	DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 March 15, 1952, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 11:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. D. Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>1325 S. Grand St. Louis 4, Mo.</u>	23c. DATE SIGNED <u>7/5/53</u>
---	-------------------	---	-----------------------------------

24a. BURIAL OR CREMATION (Specify)	24b. DATE <u>JULY 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>
------------------------------------	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-5-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D. G. H. Bocklage</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. H. Bocklage</u>	ADDRESS <u>6536 Clayton Rd.</u>
---	--	---	------------------------------------

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 embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

W. R. Raulo

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4283

P. O. Address _____

St. Louis, Mo

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.