

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32757

FILED SEP 30 1953

State File No. _____
Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. <u>308</u>	PRIMARY REG. DIST. NO. <u>6047</u>
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Troy</u> <u>0570</u>	
c. LENGTH OF STAY (In this place) -----		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>B.</u> c. (Last) <u>Wilke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15 1918</u>	9. AGE (In years last birthday) <u>34</u>	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (State or foreign country) <u>St. Peters Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ben Wilke</u>	13b. MOTHER'S MAIDEN NAME <u>Schwendemann</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Wilke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-38-1353</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Wilke</u> ADDRESS <u>O'Fallon Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Truck Accident</u>		DUPLICATE (b) <u>Three truck on Highway</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____		
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Truck accident on Highway</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E 8160 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40#61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>042</u> (STATE) <u>St. Charles MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug, 17, 1953 1P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Three truck ran together</u>

22. I hereby certify that I attended the deceased from held inquest Sept 14, 1953, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wentzville, Mo.</u>	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>Sept. 15 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 19 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u>
24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Sept 21 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>408</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>O'Fallon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1956

MAR 5 1956

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 *E. A. Keethly*

Signed.....
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address..... O'Fallon 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.