

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14254

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3118

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

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 OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>15 4431 S. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of the Friendless</u>			

3. NAME OF DECEASED (Type or Print) <u>LYDIA</u>	a. (First)	b. (Middle)	c. (Last) <u>WICHMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 16, 1868</u>	9. AGE (In years last birthday) <u>85 yrs.</u>	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 HRS. Hours	F UNDER 1 HRS. Min.
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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 <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kendallville, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert C.F. Wichman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Everlain</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. & Mrs. Henry J. Wichman</u>	ADDRESS <u>605 S. Elm, Webster Groves, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>3 days</u> <u>Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Persistent Vomiting</u> DUE TO (c) <u>Gastric ulcer</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>540.0</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from June, 1942 to Apr 5, 1954, that I last saw the deceased alive on Apr 4, 1954, and that death occurred at: 1.5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas E. Hyndman M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>4/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemtery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APR 7 1954</u>	REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u>	ADDRESS <u>1936 St. Louis Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45
P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.