

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25455**  
Registrar's No. **6854**

|   |                               |   |  |  |   |  |                         |
|---|-------------------------------|---|--|--|---|--|-------------------------|
| BIRTH NO.   |                               | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. <b>6854</b>  |                         |
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY |   |  |                         |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                               | c. LENGTH OF STAY (In this place)   |  | c. CITY OR TOWN <b>St. Louis</b>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>   |                               |   |  | e. STREET ADDRESS (If rural, give location) <b>2118 Mullanphy St. 2209</b>   |   |  |                         |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>CLYDE</b><br>b. (Middle)<br>c. (Last) <b>WISSMANN</b>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 23 1954</b> |  |   |  |                         |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>Oct. 8, 1902</b>                         |  | 9. AGE (In years last birthday) <b>51</b>                               | IF DECEASED: YEAR Months Days  | IF DECEASED: HRS. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Barber-Alexian Bros. Hospital</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?   |                         |
| 13a. FATHER'S NAME <b>David Wissmann</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Belle Ellis</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Margaret Wissmann</b>   |   |  |                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Margaret Wissmann 2118 Mullanphy St.</b>                                   |   |  |                         |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Arteriosclerosis</b><br>DUE TO (c) <b>Elastic Cordis Vascula Disease</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 Day</b>   |                         |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                         |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                               | 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) m.  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR<br><b>443X</b>   |   |  |                         |
| 22. I hereby certify that I attended the deceased from <b>11-13, 1952, to 7-23, 1954</b> , that I last saw the deceased alive on <b>7-12, 1954</b> and that death occurred at <b>4:40A m.</b> , from the causes and on the date stated above. |                               |   |  |  |   |  |                         |
| 23a. SIGNATURE (Degree or title) <b>C. A. Hester MD</b>   |                               |   |  | 23b. ADDRESS <b>5600 S. Compton</b>  |   | 23c. DATE SIGNED <b>7-23-54</b>  |                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>July 26, 1954</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b> |  |                         |
| DATE REC'D BY LOCAL REG. <b>JUL 23 1954</b>   |                               | REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Bl.</b>                                   |   |  |                         |

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

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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 *Richard W. Stone*.....

Licensed Embalmer No. *400*.....

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.