

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19236

State File No.

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1315

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give town) Ellisville		c. LENGTH OF STAY (in this place) 300		c. CITY OR TOWN Riverview Gardens		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Nursing Home				e. STREET ADDRESS (If rural, give location) 10555 Spring Garden Drive						
3. NAME OF DECEASED (Type or Print) a. (First) Catherine			b. (Middle)		c. (Last) Wischmeyer		4. DATE OF DEATH (Month) (Day) (Year) May 28 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19 1884		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME August Winkler			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Oliver Wischmeyer					ADDRESS 10555 Spring Garden Dr.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cervix								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 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?						
22. I hereby certify that I attended the deceased from <u>Jun 1</u> , 19 <u>56</u> , to <u>May 28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>56</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) B. H. Barnett, M.D.				23b. ADDRESS 9929 Manchester			23c. DATE SIGNED 5-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/31/56	24c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery		24d. LOCATION (City, town, or county) (State) Owensville Mo.					
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Berbert A. Dombrowski			25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 No. Euclid Ave.					

(Licensed Embalmer) 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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Hayfield*
Licensed Embalmer No. 30

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.