

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25519

FILED JUL 18 1956

State File No.

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1644

1. PLACE OF DEATH COUNTY <u>St. Louis</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 city limits, give RURAL and give township) OR TOWN <u>Richmond Hts.</u>	c. LENGTH OF STAY (In this place) <u>88.5 days</u>	c. CITY OR TOWN <u>University City</u>	d. Is Residence within limits of a city or incorporated town? • Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7221 Greenway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DR. AUGUST</u> b. (Middle) <u>GUSTAV</u> c. (Last) <u>WICHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5th, 1956</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>October 3rd, 1879</u>	9. AGE (In years) (Last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 Hrs. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Herman Wichman</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Stein</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Johansen Wichman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW - I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Johansen Wichman 7221 Greenway</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		DUPLICATE OF (b) <u>Aspiration</u>		<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Post op. Laryngectomy</u>			
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 checked="" 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) <u>490x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 1, 1956, to July 5, 1956 that I last saw the deceased alive on July 4, 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Kusella M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 7/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 24b. DATE 7 / 7 / 56 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 7-5-56 REGISTRAR'S SIGNATURE Berbert R. Donahue 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blv'd.

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.....
Clarence H. Murr

Licensed Embalmer No. *4011*

P. O. Address.....
St. Louis

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.