

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

State File No. **36438**

FILED NOV 16 1956

**318**

**1003**

Registrar's No. **9343**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
St. Louis		St. Louis		St. Louis			
c. LENGTH OF STAY (In this place) Life				e. STREET ADDRESS (If rural, give location)			
St. Louis State Hospital				5400 Arsenal Street			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)				
a. (First) Arthur			b. (Middle) _____			c. (Last) Wuthenow	
10-11-56							
<b>5. SEX</b>		<b>6. COLOR OR RACE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)		<b>8. DATE OF BIRTH</b>	
Male		White		Div		7-23-96	
<b>9. AGE</b> (In years last birthday)		<b>10. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
60		Retired Custodian		St. Louis, Mo.		USA	
<b>13a. FATHER'S NAME</b>			<b>13b. MOTHER'S MAIDEN NAME</b>			<b>14. NAME OF HUSBAND OR WIFE</b>	
Theodore			Annette Mohrstead			Mabel Hicks	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)			<b>16. SOCIAL SECURITY NO.</b>			<b>17. INFORMANT'S SIGNATURE OR NAME</b>	
no			none			Ralph M. Appel #3 Shireford Lane Ferguson, Mo	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)							
<b>MEDICAL CERTIFICATION</b>							
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) Cerebral vascular accident						<b>INTERVAL BETWEEN ONSET AND DEATH</b> 15 min.	
<b>ANTECEDENT CAUSES</b>							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (c) 331x							
<b>II. OTHER SIGNIFICANT CONDITIONS</b>							
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated						12 yrs.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b>	
		with convulsive disorder				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 5-21, 19 45, to 10-11, 19 56, that I last saw the deceased alive on 10-11, 19 56, and that death occurred at 4:50p.m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title)				<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b>	
Lee Hapler M.D.				5400 Arsenal Street		10-12-56	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State)	
Burial		10/12/56		New Picker Cemetery		St. Louis, Mo.	
<b>DATE REC'D BY LOCAL REG.</b>			<b>REGISTRAR'S SIGNATURE</b>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS	
OCT 15 1956			[Signature]			White Chapel, Ferguson, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

2

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 E. L. Bourne

Licensed Embalmer No. 340

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.