

Health, Welfare, Public Service, 000-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44047

STATE FILE NUMBER 11777
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

| | | | | | | | | | |
|--|---------------------------|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE 770. b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3240 ⁹ Gravois | | | Length of stay in 1b | | d. STREET ADDRESS 216 ⁹ 3240 ^A Gravois | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Frederick Leo Wallemann | | | | 4. DATE OF DEATH Month Day Year Dec. 23 1956 | | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 1 1905 | | 9. AGE (In years last birthday) 51 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker Anheuser-Busch | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis 770. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |
| 13. FATHER'S NAME Frank Wallemann | | | | 14. MOTHER'S MAIDEN NAME Ida Weber | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. | | | 16. SOCIAL SECURITY NO. 4214 | | 17. INFORMANT Frank Wallemann 5020 Alcott Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Chr. Vascular Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) none | | | | | | | INTERVAL BETWEEN ONSET AND DEATH sudden 2-3 yrs | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 10/11/56 to 12/23/56 and last saw her alive on 12/19/56 Death occurred at 3:45 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Dr. Paul H. Hilbert M. D. | | | | 22b. ADDRESS 2905 Chesnut - St. Louis Mo. | | | 22c. DATE SIGNED 12/29/56 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12-27-56 | 23c. NAME OF CEMETERY, OR CREMATORY Resurrection Cem | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | |
| 24. FUNERAL DIRECTOR Witt Bro. & Co 2929 S. Jefferson | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. DEC 24 1956 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |

(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 Rowland Aker Sen, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar F. Witt.
Licensed Embalmer No. 216

P. O. Address

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