

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44053

STATE FILE NUMBER
11553

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>				Length of stay in lb		d. STREET ADDRESS <i>2275 PARK AVE</i> (If outside location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Frank Wamser</i>				4. DATE OF DEATH Month <i>December</i> Day <i>15</i> Year <i>1956</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>11/11/1891</i>		9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>FRED WAMSER.</i>				14. MOTHER'S MAIDEN NAME <i>MARY WAILEY.</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WWI</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>MARY KENNEDY 2751 PARK AVE</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Acute Renal Failure</i>					
			DUE TO (c) <i>Pneumonitis chr. degenerative.</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <i>3221</i>		
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <i>12-9-56</i> to <i>12-15-56</i> and last saw ^{him} _{her} alive on <i>12-15-56</i>		Death occurred at <i>7:00a</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Thomas C. Poach M.D.</i>		22b. ADDRESS <i>1515 Lafayette</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>12/18/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>JEFFERSON BARRACKS MO</i>			
24. FUNERAL DIRECTOR <i>Joe A. Howard 1619 S GRAND</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 17 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300-
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Dennehy*.....
Licensed Embalmer No.....

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

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.