

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30132

STATE FILE NUMBER
7092

FILED AUG 26 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7092

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 01 3663 Wyoming St.			Length of stay in 1b 2/6		d. STREET ADDRESS (If outside, give location) 3663 Wyoming St.
3. NAME OF DECEASED (Type or print) First WILLIAM Middle KOSSUTH Last WAHLERS			4. DATE OF DEATH Month July Day 29 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1885	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman-Mississippi Valley Structural Steel Co.-St. Louis, Mo.-U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.-U.S.A.	
13. FATHER'S NAME William G. C. Wahlers			14. MOTHER'S MAIDEN NAME Louise Ebrecht		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 329-01-1695		17. INFORMANT Address (Wife) Sophia Wahlers 3663 Wyoming St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Esophagus <i>(Biopsy done at Lutheran Hospital Aug. 1956)</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 150x					INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic-drummy Varicose Ulcer - Right Leg. (10 yrs. or more)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ a. m. _____ p. m. Month, Day, Year _____					
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 8/14/56 to present and last saw ^{her} him alive on 7/19/57 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles G. Obermayer</i> (Degree or title) MD			22b. ADDRESS 4401 Hampton		22c. DATE SIGNED 7/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 31, 1957		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway ADDRESS			25. DATE RECD. BY LOCAL REG. JUL 30 57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> MSB

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

Student,
Signature of Student Embalmer

Signed *Richard W. Stone*

Licensed Embalmer No. 44

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitute 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.