

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012491
State File No.

FILED MAR 31 1958

3370
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) City c. LENGTH OF STAY (In the hospital) 3 Mo - 11 days c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital e. STREET ADDRESS (If rural, give location) 2838 Burd.

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) _____ c. (Last) Wilke 4. DATE OF DEATH (Month) (Day) (Year) 3-21-58

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH August 29, 1899 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Simon 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Frank Wilke

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. Nil. 17. INFORMANT'S SIGNATURE OR NAME Rose Voegellie, 2838 Burd. Ave. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis. INTERVAL BETWEEN ONSET AND DEATH 4 mo.

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____

DUE TO (c) Generalized Arteriosclerosis 4 mo. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adeno carcinoma of Rectum 10 mo.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 420.0H 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 2

22. I hereby certify that I attended the deceased from 12-10-57 to 3-21-, 19 58 that I last saw the deceased alive on 3-21-, 19 58, and that death occurred at 7:45p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 3/22/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-25-58 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAR 24 '58 REGISTRAR'S SIGNATURE Earl Smith 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 1700 Washington, Blvd.

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..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address..... *M. Lou*

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.