Health, Welfare Public Service

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FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016585
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4404

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 05 Bethesda Hospital — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 10 3702 Palm Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Arthur Middle J Last Wamhoff
Arthur Wamhoff

4. DATE OF DEATH: Month April Day 21 Year 1958

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: August 1, 1885
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doorman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: St. L. City Hosp
11. BIRTHPLACE (City and state or country): St. Louis Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: August Wamhoff
13b. MOTHER'S MAIDEN NAME: Sarah James
14. NAME OF HUSBAND OR WIFE: Nellie Wamhoff (nee Dausch)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-38-2803
17. INFORMANT: Mrs. Nellie Wamhoff, Address: 3702 Palm Street

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) operation for carcinoma — 1 day
DUE TO (c) of Rectum
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 154x
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4/16/58, to 4/21/58 and last saw her/him alive on 4/21/58
Death occurred at 9:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Francis J. Burns (Degree or title) M.D.
22b. ADDRESS: 4660 Maryland
22c. DATE SIGNED: 4/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 24 1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc., ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: APR 23 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clement M. McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.