THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020254
STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5858

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 15 Lutheran Hospital — Length of stay in 1b: 60 yrs

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) 223 10 2218 Oregon Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Bertha; Middle; Last Wamser
4. DATE OF DEATH: Month June; Day 3; Year 1958
5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Mar. 25, 1884
9. AGE (In years last birthday): 74 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Texas 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Jacob Mautz
13b. MOTHER'S MAIDEN NAME: Margaret Kampf
14. NAME OF HUSBAND OR WIFE: Albert S. Wamser
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.: None
17. INFORMANT: Mr. Albert S. Wamser, 2218 Oregon Avenue

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) Ulcerative Colitis — INTERVAL BETWEEN ONSET AND DEATH 4/2-6/3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 572.2
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 [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] 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 4/2, to 6/3 and last saw her/him alive on 6/3
Death occurred at 4:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Berg MD (Degree or title)
22b. ADDRESS 3203 S Grand
22c. DATE SIGNED 6/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE June 6, 1958
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR BEIDERWIEDEN F.H.INC., ADDRESS 1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG. JUN 6 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD m.d.s.

(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.

JUL 23 1958

To 3:30 pm,

Dr. Ralph Berg
3203 S. Grand Ave.
PR 3-7857

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 .....

Licensed Embalmer No. 4526

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.