

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011907
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 607

PLACED IN MAR 18 1959

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Wellston Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Wright City 1096 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) P.O. Box 23 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Louis F. Wildschuetz
4. DATE OF DEATH Month Day Year
March 5, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Nov. 27, 1887 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours 3 Min. 0

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

13a. FATHER'S NAME Louis F. Wildschuetz 13b. MOTHER'S MAIDEN NAME Anna Schultz 14. NAME OF HUSBAND OR WIFE Laura Wildschuetz

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. 488-01-2478 17. INFORMANT Mrs. E. A. Gibbons, daughter, Address 9065 Bristol, St. John's, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH several hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis Years
DUE TO (c) Generalized Osteoarthritis "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m.
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 3-3-59 to 3-5-59 and last saw ^{her}him alive on 3-5-59
Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph A. Costello, M.D. 22b. ADDRESS 2407 1/2 B'dway, St. Louis 22c. DATE SIGNED 3/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-7-59 23c. NAME OF CEMETERY OR CREMATORY LOCAL 23d. LOCATION (City, town, or county) (State) Wright City, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd. 25. DATE RECD. BY LOCAL REG. 3-6-59 REGISTRAR'S SIGNATURE John C. Murphy, M.D.

All diseases in Part I must be causally related.

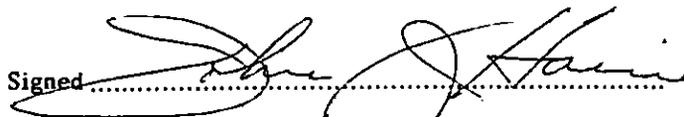
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

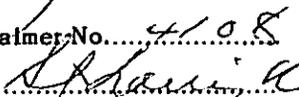
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed 

- - Licensed Embalmer No. 4108
P. O. Address 

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.