

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015923
STATE FILE NUMBER
2 4087

FILED MAY 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
1-57
6
595
0

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, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital # 1		Length of stay in 1b 39 DAYS	d. STREET ADDRESS 5726 VERNON AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emil Middle c Last Wehrle			4. DATE OF DEATH Month 4 Day 24 Year 59		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1917	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADES	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MINNIE KAGGEL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-07-8120	17. INFORMANT ANNA OCH Address ST. LOUIS, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 4 hours
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DUE TO (b) Uremia - Terminal		Months
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DUE TO (c) Bilateral Hydrocephalus 601XF		YEARS
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inter Aortic Aneurysm - FRACTURE - (L) FEMUR		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) Fell out of bed
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20c. TIME OF INJURY Hour 7 a.m. APRIL 1959 p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CITY HOSPITAL	20f. CITY, TOWN, OR LOCATION 4-24-59	COUNTY	STATE
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21. I attended the deceased from 3-26-59 to 4-24-59 and last saw her alive on 4-24-59 Death occurred at 6:30PM 4-24-59 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John F. Claska M.D. (Degree or title)	22b. ADDRESS 1515 Lafayette Ave	22c. DATE SIGNED 4-24-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-27-59	23c. NAME OF CEMETERY OR CREMATORY LENZBURG ILL. CEMETERY	23d. LOCATION (City, town, or county) (State) LENZBURG Illinois
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24. FUNERAL DIRECTOR FINGER FOMERH NORA, MADISSA, ILL.	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 27 '59	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.
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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 *Leann Proff*
Licensed Embalmer No. *4356*
P. O. Address *St Louis Mo*

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.