

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-025441

STATE FILE NUMBER

FILED

XC 16213888 REG# A1494  
 Registration District No. 7 1960 317

Primary Registration District No. 500

Registrar's No. 1849

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS</b>		Length of stay in 1b <b>2 DAYS</b>	c. CITY OR TOWN <b>FORISTELL</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOSP VETERANS ADMINISTRATION</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE NO. 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EDMOND</b> Middle <b>W</b> Last <b>WILDSCHUETZ</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>15</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-6-1893</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>CAPPELN, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>LOUIS WILDSCHUETZ</b>		13b. MOTHER'S MAIDEN NAME <b>JOHANNA SCHULZ</b>		14. NAME OF HUSBAND OR WIFE <b>BERTHA WILDSCHUETZ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>WW I WW I</b>		16. SOCIAL SECURITY NO. <b>493-42-5412</b>		17. INFORMANT Address (WIFE) <b>BERTHA WILDSCHUETZ, RT #1, FORISTELL, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>			<b>UNDETERMINED</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <b>NA</b> Month, Day, Year <b>6-13-60</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>JEFFERSON BARRACKS, MO. ST. CHARLES</b>

21. **NA** attended the deceased from **6-13-60** to **6-15-60**  
 Death occurred at **1:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>W. OPPLER, DIRECTOR PROFESSIONAL SERVICES</b>		22b. ADDRESS <b>VAH JEFFERSON BARRACKS, MO.</b>		22c. DATE SIGNED <b>6-15-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6/17/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wright City, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Nieburg Funeral Home, Wright City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-16-60</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 - 2 707 SA

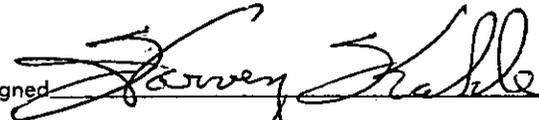
9174-81-29

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4596

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.