URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

OF PUBLIC HEALTH AND WELFARE

-60-048049

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12087

DED JAN 9 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Baptist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Pagedale
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6780 Robbins
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Alvina Middle: NMI Last: Wedler

4. DATE OF DEATH: Month Dec. Day 15th Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-19-1890
9. AGE (last birthday): 70
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): Retired Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Honzik
13b. MOTHER'S MAIDEN NAME: Anna Bane
14. NAME OF HUSBAND OR WIFE: George H. Wedler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Wedler, Address: 818 Cheviot Ct. Kirkwood, 22, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Pulmonary Embolism	1 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chr. Myocarditis	2 years
DUE TO (c)	Lymphoma.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 202.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 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 Dec 2, 1960 to Dec 15, 1960 and last saw her/him alive on Dec. 15, 1960
Death occurred at 3.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Maurice A. Kullin MD
22b. ADDRESS: 9385 Page Blvd St. Louis 14 Mo
22c. DATE SIGNED: 12/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-19-1960
23c. NAME OF CEMETERY OR CREMATORY: Memoraal Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: JAY B. SMITH, Maple wood, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: DEC 16 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Melvin Barlow

Signature of Student Embalmer

Licensed Embalmer No. 490

P. O. Address St Lou

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