

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4205-61-015287** STATE ID NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**FILED MAY 10 1961**

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **18 days**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DePaul Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Glen Echo Park** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **7253 St. Andrews** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ELSIE** Middle **H** Last **WYERS** 4. DATE OF DEATH Month **May** Day **1** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/1/1895** 9. AGE (last birthday) **65** 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) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **Homemaker** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Bresser** 13b. MOTHER'S MAIDEN NAME **Minnie Polzin** 14. NAME OF HUSBAND OR WIFE **Charles A. Wyers**

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. **None** 17. INFORMANT **Chas. A. Wyers, 7253 St. Andrews** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Lymphosarcoma**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **200.1**  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Arteriosclerotic Heart Disease**  
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 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 **February 1960** to **May 1, 1961** and last saw her <sup>her</sup> alive on **May 1, 1961**  
Death occurred at **7:20** <sup>7</sup> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Sub. Lester A. Fichte M.D.** 22b. ADDRESS **8700 Riverside Blvd** 22c. DATE SIGNED **5-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 5, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **Pullen Kelly** ADDRESS **7267 Natural Bridge** 25. DATE RECD. BY LOCAL REG. **MAY 3 1961** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

**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

*James G. Lammers*

Licensed Embalmer No.

4142

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.