

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045346

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 76

AMENDED

FILED JAN 5 1962

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|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO | | b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE | | Length of stay in 1b 13 YRS. | | c. CITY OR TOWN ROUTE # 3, DE SOTO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 3 DE SOTO, MO | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) ROUTE # 3, DE SOTO | |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WILDHAGEN | | | 4. DATE OF DEATH Month Day Year DEC 30 1961 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/11/89 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 1 Days 19 Hours 19 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED COOK | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME WILLIAM WILDHAGEN | | 13b. MOTHER'S MAIDEN NAME AUGUSTA STENGAL | |
| 14. NAME OF HUSBAND OR WIFE JULIUS WILDHAGEN ST. LOUIS, MO | | 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. | |
| 17. INFORMANT JULIUS WILDHAGEN ST. LOUIS, MO | | Address 5218 WINNABAE | | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs. |
| IMMEDIATE CAUSE (a) Cerebral hemorrhage | | |
| DUE TO (b) Arteriosclerosis | | |
| DUE TO (c) Hypertension | | |
| 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 |

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|---|---|--|-------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year | 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 |
| 21. I attended the deceased from Jan 1961 to Dec 30, 1961 and last saw him alive on Dec 30, 1961 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|----------------------------|--|--|--|
| 22a. SIGNATURE D. O. Dietrich (Degree or title) | | 22b. ADDRESS 105 Easton, De Soto, Mo. | | 22c. DATE SIGNED 12-2-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 1/2/62 | 23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM. | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO. |
| 24. FUNERAL DIRECTOR D. DIETRICH F. HOME DE SOTO, MO. | | 25. DATE RECD. BY LOCAL REG. 1-2-1962 | | 26. REGISTRAR'S SIGNATURE Marie Harris |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Donald B. Dretsch

Licensed Embalmer No. 4104

P. O. Address Delato, 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.