

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047453

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 - Primary Registration District No. 500 Registrar's No. 3644

FILED JAN 9 1962

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| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Normandy</b> |  | Length of stay in 1b<br><b>6 Yrs.</b>  | c. CITY OR TOWN <b>Normandy</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>5601 Parchester</b>                       |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>5601 Parchester</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Edith</b> Middle <b>M.</b> Last <b>Wilke</b> | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>21</b> Year <b>1961</b> |
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|                      |                               |   |                                   |                                  |   |                |
|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|---|----------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12/2/1924</b> | 9. AGE (last birthday) <b>37</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At. Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Frank Wise</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Grace Eddington</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Charles M. Wilke</b> |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address<br><b>Charles M. Wilke Normandy Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Dissminated carcinomatosis</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 months</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of the Cervix</b>                           | <b>5 years</b>                                      |
| DUE TO (c)  |   |

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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) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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.) |
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| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year |
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| 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 |
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21. I attended the deceased from Jan. 1961 to Death and last saw her alive on 12/14/61  
Death occurred at Home at 4:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22. SIGNATURE (Degree or title)<br><b>John M. McCarthy MD</b> | 22b. ADDRESS<br><b>4161 Linell Blvd - St. Louis 8, Mo</b> | 22c. DATE SIGNED<br><b>12/21/61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>12/23/1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Hill Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Page Dale Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>White-Mullen Mort. Ferguson Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-22-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy MD</b> |
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

Dr. MacCall  
N. Med. Co.

**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 Remond K. Lohman

Licensed Embalmer No. 3391

P. O. Address St. Louis 31

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.