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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32658

Registration District No. 754 Primary Registration District No. 201 Registrar's No. 1833

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility ( )
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted Aug. 28, 1941 (Specify whether years, months or days)
In this community Unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5012-A Bulwer Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Erwin H. Wischmeyer
3. (b) If veteran, name war World
3. (c) Social Security No. 495-12-8173
4. Sex male ( )
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased April (Month) 6 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56	4	25	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation WPA Orderly
11. Industry or business -
FATHER
12. Name Gustave Wischmeyer
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Minnie J. Kobusch
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Mathias Hermann Son
(b) Address 216 E. Fair St.
19. (a) SEP - 4 1941 (Date received local registrar) (b) C. P. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st. year 1941 hour 9:05 minute a. M.
21. I hereby certify that I attended the deceased from Aug. 28, 1941 to Sept. 1st, 1941 that I last saw him alive on Sept. 1st, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Strangulated femoral hernia.	
Due to -	
Due to -	
Other conditions Paralytic ileus. (Include pregnancy within 3 months of death)	
Major findings: Of operations Operated 8/28/41.	
Of autopsy No autopsy.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (Specify kind of work) By means of injury
23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 9/2/41.

110 (Licensed Embalmer's Statement on Reverse Side)

OCT 2 3 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William G. Buckhol

Licensed Embalmer No. 2110

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.