

S. No. 2  
1-9-4-41  
5-17-39  
PI X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

16827

Registrar's No.

4997

FILED JUN 22 1942

Registration District No. 791

Primary Registration District No. 1003

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3843 Kennerly Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

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. **3843 Kennerly Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT **Edward H Wisker**  
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna Riley Wisker** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **January 24 1867**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **12** If less than one day  
hr. min.

9. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired six ago**

11. Industry or business **worked for himself**

MOTHER FATHER { 12. Name **George Wisker**  
13. Birthplace **Germnay 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Wisker**  
(b) Address **3843 Kennerly**

17. (a) **Burial** (b) Date thereof **June 9 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**  
(b) Address **1936 St Louis Ave**

19. (a) **JUN 9 1942 J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1942** hour **4:45** minute **P** M.

21. I hereby certify that I attended the deceased from **May 17**  
**1941** to **June 1** **1942**  
that I last saw him alive on **May 26** **1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
Duration **2 yrs**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of 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).....

(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?.....

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **H. H. Keller** (M. D. or other)

Address **2807 N. Grand** Date signed **6-8-42**

Mr. Feller,  
Chippewa Blg.

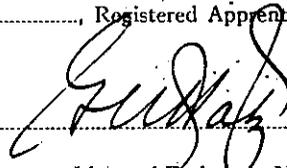
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

3737

P. O. Address.....

1936 H. Jones Ave.

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