

S. No. 2
DM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39504

State File No.

FILED DEC 15 1942

818

Primary Registration District No. 1063

Registrar's No. 10276

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:
1966a East Warne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
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. 1966a East Warne Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emily L. Wischmeyer
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7th
year 1942 hour 11:00 PM minute M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Not mentioned
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased April 13, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 14th 1942 to Dec 7th 1942
that I last saw him alive on Dec 7th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 7 24 ..hr.min.

Immediate cause of death: Chronic Myocarditis Duration 3 Months
Coronary Arteriosclerosis

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

Due to Chronic Myocarditis
Coronary Arteriosclerosis

10. Usual occupation At home

Other conditions: None
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings: None

12. Name Peter Diering

Of operations: None

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Of autopsy: None

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Wischmeyer

(b) Address 1966a East Warne Ave

17. (a) Burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 9 1942 (b) J. J. Brudeaux
(Date received local Registrar) (Registrar's signature)

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) (e) Means of injury

Signature Alfred H. Tooley (M. D. or other)

Address 4044 N. Chouteau Date signed 12/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 E. Buehholz
Licensed Embalmer No. 240
P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.