

FILED MAY 18 1943 18
Registration District No. **18**

Primary Registration District No. **1003**

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:
4114 Walbridge Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
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. **4114 Walbridge Place**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Paul Wichman**

3. (b) If veteran, name war **Spanish**

3. (c) Social Security No.

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bertha Thoole-Wichman**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 15 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	9	22hr.min.

9. Birthplace **Kendalville Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shipping Dept of**

11. Industry or business **Monsanto Chemical Co**

MOTHER FATHER {

12. Name **Albert C Wichman**

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

14. Maiden name **Elizabeth Eberlain**

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

16. (a) Informant **Bertha Thoole-Wichman**

(b) Address **4114 Walbridge Place**

17. (a) **Burial** (b) Date thereof **May 11 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **MAY 10 1943** (Date received local registrar)
J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **1943** hour **11:30** minute **30** P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis
Arterio Sclerosis

Due to **94**

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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) (or) Means of injury.....

23. Signature **Alfred J. Brudeck** (M. D. or other)
Address **St Louis** Date signed **5/10/43**

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.....

Delis J. Kriskin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.