

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10854

State File No. 2325
Registrar's No.

FILED MAR 19 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 4411 Wilcox	
3. NAME OF DECEASED a. (First) Clara b. (Middle) ----- c. (Last) Wollmershauser			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4, 1891
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Heiman	
13b. MOTHER'S MAIDEN NAME Josephine Himmelgarden		14. NAME OF HUSBAND OR WIFE Geo. W. Wollmershauser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. W. Wollmershauser 4411 Wilcox			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF LIVER WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/7 150X	
19a. DATE OF OPERATION 2-4-49		19b. MAJOR FINDINGS OF OPERATION CANCER OF LIVER WITH METASTASES	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from JAN 20, 1949, to MAR 12, 1949, that I last saw the deceased alive on MAR 12, 1949, and that death occurred at 8:55 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John Swarice</i>		23b. ADDRESS 818 BLIVE ST, ST LOUIS	23c. DATE SIGNED 14 MAR 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-49	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL MAR 14 1949	REGISTRAR'S SIGNATURE <i>J. B. Savater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L Ziegenhein & Sons 7027 Gravois	

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

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.

Signed _____

Francis J. Quinn

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2245

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.