

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39447**
 Registrar's No. **10379**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10379	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.			
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL 5400 ARSENAL ST				d. STREET ADDRESS (If rural, give location) 2832 VICTOR ST.			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE			b. (Middle) _____			c. (Last) WILSMANN	
4. DATE OF DEATH (Month) Nov. (Day) 30, (Year) 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH July 2, 1872		9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME JOHN BAUMANN		13b. MOTHER'S MAIDEN NAME UNKNOWN FRITZ		14. NAME OF HUSBAND OR WIFE BERNARD WILSMANN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE B. WILSMANN 6802 MORGANFORD			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1949x	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 97			
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 H210			
22. I hereby certify that I attended the deceased from AUG. 23, 1949 , to Nov. 30, 1949 , that I last saw the deceased alive on Nov. 30, 1949 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Jack R. Ridelman M.D. (Degree or title)				23b. ADDRESS 5400 Arsenal St		23c. DATE SIGNED 12/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 3, 1949		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER + PAUL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. DEC 2 1949		REGISTRAR'S SIGNATURE J. B. Kasper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. Robert & Co. 1905 So. GRAND BLVD			

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.

Student

Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4053*

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.