

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18796
4588

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 21110			
b. CITY OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 4 hrs		c. CITY OR TOWN St. Louis		d. DATE OF DEATH (Month) (Day) (Year) 5-22-50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hosp.				e. STREET ADDRESS (If rural, give location) 5006a Winona Ave.			
3. NAME OF DECEASED (Type or Print) CARL FRANK Wischmeyer			b. (Middle) FRANK			c. (Last) Wischmeyer	
4. DATE OF DEATH (Month) (Day) (Year) 5-22-50		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 4, 1898		9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinery & Power Dep't., -Int. Shoe Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. (1)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinery & Power Dep't., -Int. Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. (1)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John H. Wischmeyer			13b. MOTHER'S MAIDEN NAME Emma Schmidt			14. NAME OF HUSBAND OR WIFE Helen Wischmeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-1799		17. INFORMANT'S SIGNATURE OR NAME Helen Wischmeyer 5006a Winona Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Hypertensive cardiovascular disease 4 years			
				DUE TO (c) and Arteriosclerotic heart disease 4 years			
II. OTHER SIGNIFICANT CONDITIONS				Pulmonary edema			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5-21, 1950, to 5-22, 1950 that I last saw the deceased alive on 5-22, 1950, and that death occurred at 1:45 A. M., from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley (Degree or title) D. M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE 5-24-50		24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan, Mo.	
DATE REC'D BY LOCAL REG. 5/23 1950		REGISTRAR'S SIGNATURE J. P. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Edmund A. McKeenath

Licensed Embalmer No. 3024

P. O. Address.....

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.