

FILED JUL 22 1950 THE GREAT CITY OF ST. LOUIS, MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 25411

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6070	
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 town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2002 Withnell				24. STREET ADDRESS (If rural, give location) 2002 Withnell			
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) M.		c. (Last) Wichmann		4. DATE OF DEATH (Month) (Day) (Year) 7/14/50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 15, 1877	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Gamache		13b. MOTHER'S MAIDEN NAME Wilhelmia Pfeifer		14. NAME OF HUSBAND OR WIFE Carl			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Glorioso--5868a Christy			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastases of carcinoma ANTECEDENT CAUSES Carcinoma of Cervix Morbidity 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 None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 yrs	
19a. DATE OF OPERATION 1948		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cervix				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 171X			
22. I hereby certify that I attended the deceased from June 1948 to 14 July, 1950 , that I last saw the deceased alive on 8 July, 1950 , and that death occurred at 4:30 a. m. , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) Leas Otter MD				23b. ADDRESS 607 N Grand		23c. DATE SIGNED 14 July 50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/50		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. July 14 1950		REGISTRAR'S SIGNATURE J B Sater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mackey-Wilderle 3634 Gravois			

[Handwritten signature]

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.

Student Embalmer No.....

Signed.....

Frank J. O'Connell Sr.

Signed.....

Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *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.