No. 300
10-48

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

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14253

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11586

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gardenville 4810
d. STREET ADDRESS (If rural, give location): 4838a Oldenberg

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): H
c. (Last): Wohlschlaeger

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 28, 1913
9. AGE (In years last birthday): 38 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Taylor
13b. MOTHER'S MAIDEN NAME: De May
14. NAME OF HUSBAND OR WIFE: Wm Wohlschlaeger Jr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): np
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-09-5646
17. INFORMANT'S SIGNATURE OR NAME: Wm Wohlschlaeger Jr — **ADDRESS**: 4838a Oldenberg

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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 12 Mo?

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.

19a. DATE OF OPERATION: 6/6/51
19b. MAJOR FINDINGS OF OPERATION: Confirmed above
20. AUTOPSY? YES ☐ NO ☐
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 162X

22. *I hereby certify that I attended the deceased from* 6/4, 1951, *to* 12/27, 1951, *that I last saw the deceased alive on* 12/21, 1951, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L Smith MD (Degree or title)
23b. ADDRESS: 634 N Grand Blvd
23c. DATE SIGNED: 12/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/29/51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): Affton Mo
DATE REC'D BY LOCAL REG.: DEC 28 1951
REGISTRAR'S SIGNATURE: Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: J L Ziegenhein & Sons — **ADDRESS**: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Grohurter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

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.