

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45150

State File No. _____

12131

Registrar's No. _____

FILED JAN 26 1953

318

PRIMARY REG. DIST. NO.

1003

BIRTH NO. _____

REG. DIST. NO.

PRIMARY REG. DIST. NO.

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4230a Humphrey St. | | d. STREET ADDRESS (If rural, give location) 16 4230a Humphrey St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) K. c. (Last) WEDEL | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 4, 1885 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Columbia, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME John Friedrich | |
| 13b. MOTHER'S MAIDEN NAME Louisa Unknown | | 14. NAME OF HUSBAND OR WIFE Conrad A. Wedel | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Conrad A. Wedel | | ADDRESS 4230a Humphrey St. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? | | 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? 4201 | | 22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 19 <i>52</i> , to <i>Jan 31</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan 30</i> , 19 <i>52</i> , and that death occurred at <i>2:20 P</i> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <i>J. S. Pyne M.D.</i> | | 23b. ADDRESS <i>2752 S. Cherokee</i> | |
| 23c. DATE SIGNED <i>1-2-53</i> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE Jan. 3, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i> | |
| 25. ADDRESS 4228 S. Kingshighway Bl | | DATE REC'D BY LOCAL REG JAN 2 1953 | |
| REGISTRAR'S SIGNATURE <i>J. C. Smith</i> | | 25. ADDRESS 4228 S. Kingshighway Bl | |

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. King Highway

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.