

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16546**
Registrar's No. **1158**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1005
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Richmond Hts. | c. LENGTH OF STAY (In this place) 2 Days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If rural, give location) 3510 Alberta Ave. | |

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| 3. NAME OF DECEASED (Type or Print) ELLA | a. (First) | b. (Middle) A. | c. (Last) WAMHOFF | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 27, 1893 | 9. AGE (In years last birthday) 59 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) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME August F. Kreibich | 13b. MOTHER'S MAIDEN NAME Emma Michel | 14. NAME OF HUSBAND OR WIFE William F. Wamhoff Sr. |
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| 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. None | 17. INFORMANT'S SIGNATURE OR NAME William F. Wamhoff Sr. | ADDRESS 3510 Alberta |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage | | 1 day |
| | 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. Diabetes mellitus | | years | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 330X | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 **Aug 1945**, to **April 20, 1953**, that I last saw the deceased alive on **April 20, 1953**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE H. C. MacDonnell M.D. | (Degree or title) | 23b. ADDRESS 539 N. Grand Blvd. | 23c. DATE SIGNED 4-25-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr. 25, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. 4-23-53 | REGISTRAR'S SIGNATURE Herbert R. Domb M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl |
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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 Edwin M. Gerwitz

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.