

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3385

State File No. _____

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u> / </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u> </u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4127 W Penrose Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>10 4127 W. Penrose Ave.</u> <u>d</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Wachenheim</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1954</u>
------------------------------------------------------------------	-----------------------	-----------------------------	--------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 6 WKS. Hours <u> </u> Min. <u> </u>
----------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------------------------------------	----------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kampville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Joe Urich</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Frederick H. Wachenheim</u>
-------------------------------------	---------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Wachenheim, 4127W Penrose</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>49 years</u>
	ANTECEDENT CAUSES 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 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 type="checkbox"/> NO <input checked="" 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? <u>53 year old</u> <u>4200</u>
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

22. I hereby certify that I attended the deceased from Dec 19, 1953, to Jan 2, 1954, that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 10:00A m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u> </u>	23b. ADDRESS <u>4127 W Penrose</u>	23c. DATE SIGNED <u>1/2/54</u>
--------------------------------------------------------------	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
----------------------------------------------------------	-------------------------	--------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>JAN 4 1954</u>	REGISTRAR'S SIGNATURE <u> </u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 No. Grand Bl</u>
--------------------------------------------	---------------------------------------------------	-------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Stanley A. Dixon*

Licensed Embalmer No. *4193*

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.