

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13052

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Saint Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles

c. CITY OR TOWN Saint Charles

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital

e. STREET ADDRESS (If rural, give location) 502 Jefferson Street 0920

3. NAME OF DECEASED (Type or Print)
a. (First) Alfred b. (Middle) O. c. (Last) Wilke

4. DATE OF DEATH (Month) (Day) (Year) April 20, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 20, 1892

9. AGE (In years last birthday) 61 If UNDER 1 YEAR: Months 7 Days 0 If UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bartender

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Wilke

13b. MOTHER'S MAIDEN NAME Emma Lockett

14. NAME OF HUSBAND OR WIFE Sophia Hasenbeck

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 ADDRESS Mrs. Sophia Wilke, St. Charles, Mo.

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) Myocardial Infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery thrombosis
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
2 wk
2 wk
5 wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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?

22. I hereby certify that I attended the deceased from April 5, 1954 to April 20, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Poggenmeyer MD

23b. ADDRESS St Charles Mo

23c. DATE SIGNED April 21, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 23, 1954

24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE April 21, 1954 James Hamilton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dalloway & Sons, St. Charles, Mo.

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.....
Signature of Student Embalmer

Signed *Frank R. Gonzalez*.....

Licensed Embalmer No.....

P. O. Address *St. Cha*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.