

FILED DEC 17 1954

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

11095

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Caroline Wochner		a. STREET ADDRESS (If rural, give location) 15 5528 S. Grand Blvd., 0		4. DATE OF DEATH (Month) (Day) (Year) 12-4-54	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12-24-1871		9. AGE (in years last birthday) 82		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Germany 4	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unk Mueller		13b. MOTHER'S MAIDEN NAME Theresa Buchholz	
14. NAME OF HUSBAND OR WIFE Chas. Wochner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Chas. Wochner		ADDRESS 5528 S. Grand Blvd			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUE TO (b) Nephrosclerosis				7 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Renal Insufficiency				1 month	
II. OTHER SIGNIFICANT CONDITIONS. Congestive Heart Failure		Conditions contributing to the death but not related to the disease or condition causing death.				One month	

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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X					

22. I hereby certify that I attended the deceased from Nov. 10, 1954, to Dec. 4, 1954, that I last saw the deceased alive on Dec. 4, 1954 and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Peters</u> (Degree or title) M.D.		23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 12/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-7-54		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					

DATE REC'D BY LOCAL REG. DEC 6 1954		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. W. Peters
4145a S. Grand Blvd.

1 to 3

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.....
Francis J. Myland

Licensed Embalmer No. 4572

P. O. Address 6322 So.

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.