

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1955

State File No. 11609

10.48

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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,		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4134 Louisiana Ave.,		f. STREET ADDRESS (If rural, give location) 15 4134 Louisiana Ave.,		g. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Alois		b. (Middle) G.		c. (Last) Wackenheim,	
4. DATE OF DEATH (Month) (Day) (Year) December 20, 1954.		5. SEX Male,		6. COLOR OR RACE White,	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH May 8, 1875		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic-retired 10 yrs		10b. KIND OF BUSINESS OR INDUSTRY Atlas Linen & Towel		11. BIRTHPLACE (City and State or Foreign Country) Alsace-Lorraine 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UnKnown.		13b. MOTHER'S MAIDEN NAME UnKnown.	
14. NAME OF HUSBAND OR WIFE Elizabeth Wackenheim, (dec'd).		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. 489-10-0734	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann Atteln,		ADDRESS 4134 Louisiana Ave.,			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach Growth</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 <u>Carcinoma Stomach with metastasis</u>		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? 151X	
22. I hereby certify that I attended the deceased from <u>6/3</u> , 19 <u>54</u> , to <u>12/20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>54</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>C. C. Orace</u> (Degree or title)		23b. ADDRESS <u>3702 Meramec</u>		23c. DATE SIGNED <u>12/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE <u>12/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>DEC 21 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>	
				ADDRESS <u>2842 Meramec St., Mo.</u>	

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

MAY 26 1955

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz
Licensed Embalmer No.....

2842 Meramec
P. O. Address...St. Louis, 18

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.