

FILED MAR 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. **10298**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **7750**

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. CHARLES</b>		c. CITY OR TOWN <b>ST. CHARLES</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>14 YRS.</b>		e. STREET ADDRESS (If rural, give location) <b>301 N. 9TH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>H.</b> c. (Last) <b>WILKE SR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 16 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 3 1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ORCHARD FARM Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HERMAN WILKE</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAH FIERLING</b>		14. NAME OF HUSBAND OR WIFE <b>MABEL C. (STOCK) WILKE</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>486-28-2307</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MABEL C. WILKE, ST. CHARLES, MO.</b>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery thrombosis</b>			<b>2 yr</b>
	DUE TO (c) <b>Arteriosclerosis</b>			<b>5 yr</b>
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 <b>4201</b>		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?	

22. I hereby certify that I attended the deceased from Oct, 1953, to March 16, 1956, that I last saw the deceased alive on March 12, 1956, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. H. Poggenmeyer MD</b>		23b. ADDRESS <b>St Charles Mo.</b>		23c. DATE SIGNED <b>March 16, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 18 '56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEMETERY</b>	
DATE REC'D BY LOCAL REG. <b>March 16 1956</b>		REGISTRAR'S SIGNATURE <b>L. Prinster</b>		24d. LOCATION (City, town, or county) (State) <b>ST. CHARLES Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Prinster, St. Charles, Mo</b>					

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

JUL 28 1958

JUL 10 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 29

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.