

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11655**
2065

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003**

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		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				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. CITY OR TOWN Edwardsville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (In this place) 6 wks				e. STREET ADDRESS (If rural, give location) 419 North Main Street.				812 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				4. DATE OF DEATH (Month) (Day) (Year) Feb 25, 1956					
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Bernadine		c. (Last) Wucherpfennig			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb 5, 1878			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Morrisonville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Christopher Wucherpfennig			13b. MOTHER'S MAIDEN NAME Wilhelmina Laufkoetter		14. NAME OF HUSBAND OR WIFE Nil				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Cecilia M. Helrung				
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, assthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of carotid artery ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2-3 ms		
19a. DATE OF OPERATION 1/24/56		19b. MAJOR FINDINGS OF OPERATION Aneurysm of Carotid artery 452x						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/15, 1956 , to 2/24, 1956 , that I last saw the deceased alive on 2/24, 1956 , and that death occurred at 7:45A m. , from the causes and on the date stated above.									
23a. SIGNATURE C. A. S. Smith M.D.				23b. ADDRESS Beaumont Med. Bldg.		23c. DATE SIGNED 2/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-27-56		24c. NAME OF CEMETERY OR CREMATORY St. Morris Cemetery		24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois.			
DATE REC'D BY LOCAL REG. FEB 27 1956		REGISTRAR'S SIGNATURE C. A. S. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weber Funeral Home, Edwardsville, Ill.					

(Licensed Embalmer's Statement on Reverse Side)

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

Edna A. Baxter
Signed..... NO EMBALM

Licensed Embalmer No.....

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.