

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18857

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4414

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 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. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7004 Plainview Ave				e. STREET ADDRESS (If rural, give location) 7004 Plainview Ave			
3. NAME OF DECEASED (Type or Print) a. (First) AIMA b. (Middle) MARGARET c. (Last) WECHSLER			4. DATE OF DEATH (Month) (Day) (Year) 5-4-1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-17-1892	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Hesi			13b. MOTHER'S MAIDEN NAME Elizabeth Hoffmann			14. NAME OF HUSBAND OR WIFE Edwin C. Wechsler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edwin C. Wechsler 7004 Plainview 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 wks ANTECEDENT CAUSES Mitral thrombosis DUE TO (b) Mitral Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease Rheumatic Heart Disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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 <u>5-4-56</u> , 19 <u>50</u> , to <u>5/4/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/4/56</u> , 19 <u>56</u> , and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above <u>5-5-56</u>							
23a. SIGNATURE Dallas J. Dyer (Degree or title) Dallas J. Dyer M.D. M.D.				23b. ADDRESS 3915 Watson Rd.		23c. DATE SIGNED 5/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-7-1956		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) Watson and McKenzie Rds. Mo	
DATE REC'D BY LOCAL REG. MAY 7 1956		REGISTRAR'S SIGNATURE Paul Smith			25. FUNERAL DIRECTOR'S SIGNATURE Max Ziegenheim		
					ADDRESS 6409 Gravois Ave		

(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

Signed *Van M. Sizemore*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

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.