

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39937**
10213

No. 300
10.48

FILED NOV 28 1956

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 MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	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) Lifetime		e. STREET ADDRESS (If rural, give location) 1269 1934a Palm Street (7)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FANNY b. (Middle) WINGMANN c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Ebeling		13b. MOTHER'S MAIDEN NAME Katherine Hohmann		14. NAME OF HUSBAND OR WIFE George Wingmann deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jeanne Wingmann ADDRESS 1934a Palm Street	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 24 hr.
	b. Antecedent Causes Cholesterol & Arteriosclerosis		
	c. Other Significant Conditions Gen'l senility; mental deterioration		
DUE TO (b) Arteriosclerosis		DUE TO (c) Gen'l senility; mental deterioration	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deterioration		5 yr.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis, MO
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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? _____
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22. I hereby certify that I attended the deceased from June 1, 1955 **to** Nov 6, 1956 **that I last saw the deceased alive on** Oct 1, 1956, **and that death occurred at** 8:25 AM **from the causes and on the date stated above.**

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	23b. ADDRESS 2505 N. 20th St	23c. DATE SIGNED 11-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cenetry	24d. LOCATION (City, town, or county) (State) St. Louis, MO
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DATE REC'D BY LOCAL REG. NOV 8 1956	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S	ADDRESS 3934 N. 20th Street
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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 *Gustav W. Dietz*.....

Licensed Embalmer No. *4329*.....

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

**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.**