No. 300
10-48

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

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7177

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY St. Louis [redacted]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy, Mo.
c. LENGTH OF STAY (In this place) 24 hrs.-Emerg.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN St. Anns
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location) 10623 St. Stephen

3. NAME OF DECEASED (Type or Print)
a. (First) Roger
b. (Middle) Warren
c. (Last) Wischmeyer

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 28, 1942
9. AGE (In years last birthday) 14 — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Elmer Wischmeyer
13b. MOTHER'S MAIDEN NAME Thelma Lindhorst
14. NAME OF HUSBAND OR WIFE None

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 ADDRESS Elmer Wischmeyer 10623 St. Stephen St. Ann

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 15½ hours
DUE TO (c) Brain Abscess

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 34/2X
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25, 1957, *to* 1-26, 1957, *that I last saw the deceased alive on* 1-26, 1957, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Clark (Degree or title) D.O.
23b. ADDRESS 3301 Ashby
23c. DATE SIGNED 1-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 30 1957
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
24d. LOCATION (City, town, or county) Pagedale (State) Mo

DATE REC'D BY LOCAL REG. 1-28-57
REGISTRAR'S SIGNATURE Herbert R. Dumke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Bauman Bros. ADDRESS 2704 Woodson Rd. Overland

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 345-

P. O. Address Overland

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