U.S. No. 300
REV. 10-48

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

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

FILED MAR 28 1957

State File No. 11314

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1635

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp. DOA

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7642 Fairham

**3. NAME OF DECEASED** (Type or Print)
a. (First): Walter
b. (Middle): H.
c. (Last): Wissman

**4. DATE OF DEATH** (Month): 2 (Day): 14 (Year): 57

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 12, 1891
**9. AGE** (In years last birthday): 66 — 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): Accountant-ret.
**10b. KIND OF BUSINESS OR INDUSTRY**: Telephone Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Wm. H. Wissman
**13b. MOTHER'S MAIDEN NAME**: Julia Zeller
**14. NAME OF HUSBAND OR WIFE**: Gertrude Wissman
**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.**: 488-10-4249
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Gertrude Wissman
**ADDRESS**: 7642 Fairham

**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) Ruptured Aortic Aneurysm

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* .022X

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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 _____, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE**: James M. Kelly (Degree or Title) Colonel USA
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 2-18-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal
**24b. DATE**: 2/18/57
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

**DATE REC'D BY LOCAL REG.**: FEB 18 '57
**REGISTRAR'S SIGNATURE**: J Earl Smith, MD
M.D.B.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Drehmann-Hampal
**ADDRESS**: 1905 Union

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353

P. O. Address.....

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