V.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

11332

State File No.

FILED APR 12 1957

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2606

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
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): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4048 Meramec St.,

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) J. c. (Last) Wuest

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14, 1957

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 6, 1905

9. AGE (In years last birthday): 51 — 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): shipping clerk,

10b. KIND OF BUSINESS OR INDUSTRY: Brown Shoe Co.

11. BIRTHPLACE (City and State or Foreign Country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. Wuest

13b. MOTHER'S MAIDEN NAME: Julia

14. NAME OF HUSBAND OR WIFE: Agnes Wuest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): world war I & II

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Agnes Wuest 4048 Meramec, St. Louis

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) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

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. 201 X

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* March 10, 1957, *to* March 14, 1957, *that I last saw the deceased alive on* March 14, 1957, *and that death occurred at* 12:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley Reitman, M.D.

23b. ADDRESS: 216 S. Kingshighway

23c. DATE SIGNED: 3/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-18-57

24c. NAME OF CEMETERY OR CREMATORY: National Cem.

24d. LOCATION (City, town, or county) (State): Jeff. Brks., Mo.

DATE REC'D BY LOCAL REG.: MAR 18 57

REGISTRAR'S SIGNATURE: J. Earl Smith, MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Southern Funeral Home 6322 S. Grand, St. Louis, Mo.

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 1243

P. O. Address St. Louis Mo

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