

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18325

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. CO. 3058 Registrar's No. 131

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. CITY OR TOWN <u>ST. CHARLES</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>COLONIAL REST HOME</u>		e. STREET ADDRESS (If rural, give location) <u>567 MADISON</u> 09230	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>SOPHIA</u> c. (Last) <u>WILKE</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>14</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 18 1876</u>	9. AGE (In years) <u>80</u>	# UNDER 1 YEAR: Months <u>10</u> Days <u>24</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GUSTAV STRATHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DIEKAMP GUSTAV H. WILKE (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X GUSTAV E. WILKE, WEBSTER GROVES, MO</u>	ADDRESS <u>WEBSTER GROVES, MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
	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. _____		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? <u>2</u> 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) _____
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? <u>443X</u>

22. I hereby certify that I attended the deceased from January, 1949 to May 14, 1957, that I last saw the deceased alive on May 14, 1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don 2. Randall, M.D.</u> (Degree or title)	23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>	23c. DATE SIGNED <u>May 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 16, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS EV. REF. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO</u>
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DATE REC'D BY LOCAL REG. <u>MAY 15-57</u>	REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Prinster, St. Charles, Mo.</u>	ADDRESS _____
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AUG 25 1958

MAY 8 1958

JUL 18 1967

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 *John S. Denne*.....
Licensed Embalmer No. *4194*
P. O. Address *St. Louis*.....

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.