

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031405

State File No.

FILED AUG 22 1958

| | | | | | | | |
|--|-----------------------------------|--|------------------------------------|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2149</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>St. Louis</u> | | b. CITY (If outside corporate limits, write RURAL and give town) <u>Bissell Hills</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | a. STATE <u>Missouri</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Bissell Hills</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | c. CITY OR TOWN <u>Bissell Hills</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9848 Delhi Drive</u> | | | | e. STREET ADDRESS (If rural, give location) <u>9848 Delhi Drive</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) | | |
| <u>William</u> | <u>Henry</u> | <u>Wrausmann</u> | <u>Aug.</u> | <u>14</u> | <u>1958</u> | | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |
| <u>Male</u> | <u>White</u> | <u>Married</u> | <u>June 18, 1909</u> | | <u>49 yrs</u> | | <u>Foreman</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| <u>Foreman</u> | <u>Carter Carburetor</u> | <u>St. Louis, Missouri</u> | | <u>USA</u> | | | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | | | |
| <u>Wm. Frederick Wrausmann</u> | | <u>Emma Havekast</u> | | <u>Marie Winkler Wrausmann</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | | | |
| <u>No</u> | | <u>493-07-9084</u> | | <u>Mrs. Marie Wrausmann, 9848 Delhi Dr., 37</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma, metastatic</u> | | | | <u>1955</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (c) <u>1909</u> | | | | | |
| | | 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 | | | | 20. AUTOPSY? | |
| | | <u>Melanoma</u> | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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? | | | |
| | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>10:15</u> , <u>1957</u> , to <u>8:14</u> , <u>1958</u> , that I last saw the deceased alive on <u>8/11</u> , <u>1958</u> , and that death occurred at <u>11:15 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| <u>Charles J. ...</u> | | | | <u>6000 W. Flourmont</u> | | <u>8-15-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | |
| <u>Cremation</u> | | <u>Aug. 18, 1958</u> | <u>Valhalla Crematory</u> | | <u>St. Louis County, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| <u>8-18-58</u> | | <u>Robert G. ...</u> | | <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD.</u> | | | |

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

Dr. Charles Jost
6000 W. Florissant

Today (Fri) 1-5 P.M.

FILE IN COUNTRY

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 A. Messner*
Licensed Embalmer No. 418

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.