Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004050
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Inside Limits? Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4531 GRASSO LANE — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST. LOUIS
c. CITY OR TOWN: 4820 — Inside Limits? Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 4531 GRASSO LANE — Reside on Farm? Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First FLORA Middle AUER Last WAMSGANZ
4. DATE OF DEATH: Month FEB. Day 2 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Nov. 23 1888
9. AGE (In years last birthday): 70 — 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): INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY: U.S. CARTRIDGE
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOHN RICKARD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~: THOMAS WAMSGANZ
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.: 494-26-3417
17. INFORMANT: MONTELENA HAVLICEK — Address: 4531 GRASSO LANE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ch obstr pulmonary — gen — yrs
DUE TO (c): Ch bronch infection — yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 592x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 15 59, to 59 and last saw her/him alive on Jan 31-59
Death occurred at 2 pm Feb 2 59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. S. Pyne (Degree or title) M.D.
22b. ADDRESS: 2752 Chouteau
22c. DATE SIGNED: 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 6 1959
23c. NAME OF CEMETERY OR CREMATORY: ST. MATTHEW
23d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: 2-5-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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.