

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015951
State File No.

FILED APR 20 1959

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No. **2 3131**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town or town Saint Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay (25) 4870	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) 801 Lemay Ferry Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) P. c. (Last) WICHMANN		4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1900
9. AGE (In years last birthday) 58		10. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Meats & Gro. (Self)	
11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Urban Wichmann		13b. MOTHER'S MAIDEN NAME Anna Duran	
14. NAME OF HUSBAND OR WIFE Clothilde Wichmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 487-38-3686	
17. INFORMANT'S SIGNATURE (Name) Clothilde Wichmann		17. ADDRESS 801 Lemay Ferry	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of the aorta ANTECEDENT CAUSES DUE TO (b) Hypertensive vascular disease DUE TO (c) 451X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH 5 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (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 <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 March 22, 1959 , to present, 19 , that I last saw the deceased alive on 5-26 , 1959 , and that death occurred at 7:45A m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert C. Kingsland (Degree or title) MD		23b. ADDRESS 14 Forsyth Walk, Clayton 5, Mo.	
23c. DATE SIGNED 3-27-59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 30, 1959	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Lemay (25) Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und, Co.		25. ADDRESS (II) 7420 Michigan Ave.	
DATE REC'D BY LOCAL REG. MAR 28 59		REGISTRAR'S SIGNATURE Robert C. Kingsland M.D.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed W G Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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 this body is not embalmed, fact should be so stated above.