URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59–034513
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8191

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 3 Weeks

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Lemay, Missouri St. Louis, County — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3617 Risch Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Christine Last: Wohlstadter

4. DATE OF DEATH: Month: Sept Day: 2 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Dec 12, 1890

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John George Meier

13b. MOTHER'S MAIDEN NAME: Mary unk

14. NAME OF HUSBAND OR WIFE: Joseph Wohlstadter

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.:

17. INFORMANT: Joseph Wohlstadter Address: 769 Ruprecht Lemay, Mo.

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 mns

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic arteriosclerotic heart dis — Chronic

DUE TO (c) Arteriosclerosis — Chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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. 24, 51 to Sept 2-59 and last saw her alive on Sept 2, 59

Death occurred at 5:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joy C Rudzis MD (Degree or title)

22b. ADDRESS: 7702 Forsyth Ave

22c. DATE SIGNED: 9/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Sept. 5, 1959

23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus

23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Mortuary 7814 So. Broadway St. Louis, Missouri

25. DATE RECD. BY LOCAL REG.: SEP 3 1959

26. REGISTRAR'S SIGNATURE: Karl Smith M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Dennet

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 comp 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.