

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038173

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9159

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 215
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 19 1963

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edge water Nursing Home Inside Limits No
d. STREET ADDRESS (If outside, give location) 5500 So Broadway Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5500 So Broadway Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last HENRY WILMESMEIER
4. DATE OF DEATH 9-10-1963 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 6-6-1882 9. AGE (last birthday) 81 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker 10b. KIND OF BUSINESS OR INDUSTRY Bush Brew. 11. BIRTHPLACE (City and state or country) Waterloo ILL 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Wilmesmeier 13b. MOTHER'S MAIDEN NAME Margaret Weissler 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address Marie Schneider 4324 S. 37th St 916

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 min.
DUE TO (b) Coronary Artery Disease 18 mo.
DUE TO (c) 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Sept. 20, 1963, Sept. 10, 1963 and last saw her alive on Sept. 10, 1963. Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Smith (Degree or title) 22b. ADDRESS 5500 So Broadway 22c. DATE SIGNED 9-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-13-1963 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. 23d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

24. FUNERAL DIRECTOR ADDRESS WINGBERMUEHLE 3819 So Grand Blvd. 25. DATE RECD. BY LOCAL REG. SEP 12 1963 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

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

George J. McBurnelle

Licensed Embalmer No. 4611

P. O. Address St Louis 18 Mo

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.