

	Funeral Home Record
Name of Deceased	Wm. Edward Wickelman
Total No.	
Marital Status	Single
Residence	Bryant, Indiana
Charge To	
Address	
Order Given By	
How Secured	
If Veteran, State War	
Occupation	Farmer
Employer and Address	
Date of Death	July 17, 1950
Date of Birth	Dec. 27, 1911
Age	38 years
Date of Funeral	July 21, 1950; Friday; 9:00 a.m.
Services At	Holy Trinity Catholic
Clergyman	Rev. Victor Wagner
Religion of the Deceased	Catholic
Birthplace	Jay Co.
Resided in the State	
Place of Death	At home
Cause of Death	Cardiac Failure
Contributory Cause	?
Certifying Physician	Dr. J. H. Schetgen
His Address	Geneva, Ind.
Name of Father	John Wickelman
His Birthplace	
Maiden Name of Mother	Elizabeth Reitz
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Plush
Manufactured By	Franklin Mfg. Co.
Cemetery	Catholic Trinity
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNER

Yearly No. _____ Date of Entry _____
 Name of Deceased Edward Wickelmaier
 Married Single Widowed Divorced
 Residence: Daysport, Ind.
 Charge to: _____
 Address: _____
 Order given by: _____ (with parent)
 How Secured: _____
 If Veteran, State War _____
 Occupation: Farmer
 Employer and Address _____
 Date of Death: July 17, 1950
 Date of Birth: 2/1, 1911
 Age: 38
 Date of Funeral: 7-21-50
 Services at: Holy Trinity Catholic Church
 Clergyman: Rev. District Thayer
 Religion of the Deceased: Catholic
 Birthplace: Ind. Ind.
 Resided in the State _____
 Place of Death: Ind. Daysport
 Cause of Death: Asphyxiation
 Contributory Causes: Pneumonia
 Certifying Physician: Dr. J. H. Schelgen
 His Address: Daysport, Ind.
 Name of Father: John Wickelmaier
 His Birthplace: _____
 Maiden Name of Mother: Elizabeth Rutz
 Her Birthplace: _____
 Motor } Remains to _____
 Ship }
 Size of Casket: _____
 Manufactured by: Heating & Ice Co.
 Cemetery } Catholic
 Crematory }

Name of Deceased _____
 Residence _____
 Charge to _____
 Address _____
 Order given by _____
 How Secured _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____
 Date of Death _____
 Date of Birth _____
 Age _____
 Date of Funeral _____
 Services at _____
 Clergyman _____
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____
 Place of Death _____
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician _____
 His Address _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____
 Manufactured by _____
 Cemetery } _____
 Crematory }