

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3487

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 3504 Barrett St.) Registered No. 1128
 St. Ward)

2. FULL NAME

Philip M. Willhank
 (a) Residence. No. 3504 Barrett St., 20 Ward.
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | 1 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paper carrier
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Highland Ills
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Marcel Willhank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ills.

12. MAIDEN NAME OF MOTHER Elizabeth Gillman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ills.

14. INFORMANT Emma Willhank
 (Address) 3504 Barrett St

15. FILED JAN 30 1928 May Haveloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) found dead Jan 29 1928
 17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* was as follows:
Asphyxiation due to hanging by rope 165 (duration) yrs. mos. ds.
 CONTRIBUTORY Suicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 168
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kerner M.D.
1/30 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Ills DATE OF BURIAL Feb 1 1928

20. UNDERTAKER Hy Leidner and Co ADDRESS 1417 St. Market St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

