

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

Do not use this space.

18010

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
 Township Central Primary Registration District No. 6033-A Registered No. 146
 City St. Louis (No. St. Louis Co. Hospital North & South Road Ward)

2. FULL NAME

MARTIN Wilshusen Martin Dédrick Wilshusen
 (a) Residence, No. 5001 Wilshusen, Avenue Ward Shrewsbury, St. L. Co., Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? 27 yrs. 00 mos. 00 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME John Johans Wilshusen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

15. MAIDEN NAME Caroline Mainz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

17. INFORMANT Edward Wilshusen
 (ADDRESS) 5001 Wilshusen, Webster Groves

18. BURIAL PLACE St. Joseph's Cemetery 3000 Park Hill Center
Springington, Mo. DATE May 10, 1934

19. UNDERTAKER (ADDRESS) McLaughlin Undertaking Co.
Webster Groves, Mo.

20. FILED 579 1934 Coll J. Ambrose
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1934, to 5-8, 1934
 I last saw him alive on 5-8, 1934 Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Pneumonia Date of onset 5-5-34

Other contributory causes of importance:
Hypertensive Pneumonia P
137
171B 137

Name of operation lat. stage Prostatectomy Date of 5-17-34
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) T. B. Baker M. D.
 (Address) St. Louis, Mo.

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

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.

JUN 26 1934

Martin Deldrick Wilshusen