

00714 1937

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

32910  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **8964**  
(c) City **St. Louis** (d) Street No. **St. Anthony Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **4** yrs. **0** mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Frank A. Wilke**  
(a) Residence, No. **2311a South 10th Street** St. **[23]**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Theresa Wilke**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 1, 1871**  
7. AGE YEARS **65** MONTHS **11** DAYS **22**  
If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Safe Deposit Clerk**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Mercantile-Commerce Bank**  
10. Date deceased last worked at this occupation (month and year) .....  
Special time (year) occupation

12. BIRTHPLACE (CITY OR TOWN) **Cincinnati, Ohio**  
(STATE OR COUNTRY)

13. NAME **Henry Wilke**

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

15. MAIDEN NAME **Mary Faske**

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

17. INFORMANT **Theresa Wilke**  
(ADDRESS) **2311a South 10th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S.S. Peter & Paul 9/27/37**

19. FUNERAL DIRECTOR **Wm J. Robert**  
(ADDRESS) **1905 St. Grand Blvd**

20. SIGNATURE **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 23, 1937**  
22. I HEREBY CERTIFY, That I attended deceased from **8/16**, 19**37** to **9/23**, 19**37**  
I last saw him alive on **9/23**, 19**37**. Death is said to have occurred on the date stated above, at **11.30 A. M.**  
The principal cause of death and related causes of importance were as follows:

Date of onset **9/7/37**  
Cause of death **4 day**  
**Other contributory causes of importance:**  
**Unknown**  
**Acute Myocarditis**  
**Cause of Intestinals**  
**Urea Bladder Primary**  
**Liver Intestinal and**  
**Stomach and**

Name of operation **No** Date of .....  
What test confirmed diagnosis? **Lab** Was there an autopsy? **yes**

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.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) **Wm J. Robert**, M. D.  
(Address) **1841 212th**

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.

10-10-2-100-99

SEP 25 1937

STATEMENT BY LICENSED EMBALMER

I, W. J. Robert, Licensed Embalmer No. 502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed W. J. Robert  
Licensed Embalmer No. 502

**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.)**