

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

468
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2832 Victor Street** St.
 (e) Length of residence in city or town where death occurred **67** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bernard Wilsmann 42.5**
 (a) Residence, No. **2832 Victor 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 **Catherine Wilsmann**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 8, 1871**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 0 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired shipping clk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Token Barber Supply Co.**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

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

FATHER
 13. NAME **Henry Wilsmann**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **George B. Wilsmann 2832 Victor Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter & Paul** DATE **January 12, 1938**

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

20. FILED **JAN 16 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 9, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept 3**, 19**37**, to **Jan 9**, 19**38**
 I last saw him alive on **Jan 9**, 19**38** Death is said to have occurred on the date stated above, at **1:20 P. M**
 The principal cause of death and related causes of importance were as follows:

Pericardial Anemia 2 yrs.
 Other contributory causes of importance: **MI**
 Name of operation..... Date of.....
 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.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **R. B. ...**, M. D.
 (Address) **2002 So Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state cause of death as accurately supplied.

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 the above constitutes grounds for revocation of license.)