

REC'D FEB 10 1939

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

791
1003494
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003
(b) Township 1 Primary Registration District No. 494
(c) City St. Louis (d) Street No. 3144 Morganford Rd. Registered No. 494
(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 54 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

42.5 August Wilkening
(a) Residence, No. 3144 Morganford Rd. St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Dorothea Wilkening
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as saw mill, bank, etc. Grocer & Meat Business
10. Date deceased last worked at this occupation (month and year) 18
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Unknown Wilkening14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Fred C. Wilkening
(ADDRESS) 949 Wilmington Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 1-17 193919. FUNERAL DIRECTOR (NAME) Kriegshausler Mortuar
(ADDRESS) 4228 So. Kingshighway20. FILED JAN 16 1939 J. D. Bielek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1939 to Jan 14 1939
Last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Acute degeneration of heart
caused by the grippe
Date of Autopsy Jan 14, 39

Other contributory causes of importance:
Symptoms of La Grippe
Cardiac Asthenia 2 yrs

Name of operation Chemical Date of Jan 14, 39
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury Jan 14, 39
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
As specified by Dr. Friedman M. D.
(Signed) Dr. Friedman
(Address) 3146 Morganford Rd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Edwin A. McQuinn

Licensed Embalmer No.....

3024

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.