

50 JUL 12 1939

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

20457  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(d) Street No. City Hospital No. 1  
Registration District No. 791  
Primary Registration District No. 1003  
Registered No. 5301  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

(e) Length of residence in city or town where death occurred yrs. mos. ds. 4/14

2. PRINT FULL NAME

Alma Wilfley

(a) Residence, No. 1704 Tower Grove (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esky Garrison Wilfley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49      2      11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. hwk  
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 Ferdinand Schultz  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

MOTHER  
15. MAIDEN NAME Emma Andreas  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 6-14

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauer Mortuaries 4228 So. Kingshighway

20. FILED JUN 13 1939 J. D. Br...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12/39  
22. I HEREBY CERTIFY, That I attended deceased from 6/10/39, 1939, to 6/12/39, 1939.  
I last saw her alive on 6/12/39, 1939. Death is said to have occurred on the date stated above, at 1 p.m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis cerebri  
H8

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) John T. Dellow, M. D.  
(Address) City Hospital No. 1

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.

V. S. 7-20-37  
50M-7-20-37  
1 X 12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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 *Edwin A. M. Bernatt*

Licensed Embalmer No. *3024*

**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.)**