

REC'D SEP 14 1939

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

27827
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** Mo. (d) Street No. **City Hospital No 1** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 456 Herman Wilmering**
(a) Residence, No. **2220 S 11th St.** 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15 1869**7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 5 8

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Day Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc.
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, Mo.**FATHER 13. NAME **Herman Wilmering**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**MOTHER 15. MAIDEN NAME **Agnes Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Katherine Wilmering**
(ADDRESS) **2222 S 11th St.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **S. S. Peter & Paul** DATE **Aug. 26 39**19. FUNERAL DIRECTOR **Thos. Hulcis**
(ADDRESS) **2906 Gravois Ave.**20. FILED **AUG 25, 1939**
J. F. Brudrak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 23, 1939**22. I HEREBY CERTIFY, That I attended deceased from **8-20**, 19**39**, to **8-23**, 19**39**I last saw him alive on **8-23**, 19**39** Death is said to have occurred on the date stated above, at **12 noon** M.
The principal cause of death and related causes of importance were as follows:**Chronic myocarditis**

Date of onset

Other contributory causes of importance:
ArteriosclerosisName of operation..... Date of.....
What test confirmed diagnosis?..... 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) **James J. [Signature]**, M. D.
(Address) **City Hospital**

STATEMENT BY LICENSED EMBALMER

I,

Leo Buddle

Licensed Embalmer No.

3989

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

me

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Leo Buddle

Licensed Embalmer No.

3989

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.)