

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days _____8. (a) PRINT FULL NAME Ruby Wilhelm8. (b) If veteran,
name war none8. (c) Social Security
No. none4. Sex female5. Color or
race white6. (a) Single, widowed, married,
divorced widowe6. (b) Name of husband or wife.
Lawrence Wilhelm6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased 5
(Month)22
(Day)1874
(Year)

8. AGE:

Years

Months

Days

If less than one day

6595

hr.

min.

9. Birthplace St. Louis Mo.
(City, town, or county)(State or foreign country) 010. Usual occupation Housework11. Industry or business Home12. Name Nicholas Fathers13. Birthplace N. Y.
(City, town, or county)(State or foreign country) 014. Maiden name Elizabeth Jackson15. Birthplace St. Louis Mo.
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Ruby Wilhelm(b) Address 39 Lewis Place17. (a) Burial (b) Date thereof Feb. 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cem.18. (a) Signature of funeral director Parrott and Co(b) Address 3710 N. Grand Blvd19. (a) FEB 28 1940 (b) _____
(Date received local registrar) (Registrar's signature)J. F. Beede

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. 5370 Theodosia
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1940 hour 5:10 A. minute _____ M.21. I hereby certify that I attended the deceased from Feb. 6, 1940
_____, 19____, to Feb. 27, 1940that I last saw her alive on Feb. 26, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Failure Duration _____
due to a weakened myocardiumMyocarditisDue to Metast. Insufficiency andaortic stenosis

Due to _____

Other conditions Edema of lungs(Include pregnancy within 3 months of death) senility

Major findings: _____

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. J. P. Murphy (M. D. or other) _____Address 2416 N. Kingshighway Date signed 3/27/40

J.P. Murphy
2616 N. Kingsley Hwy
1.30 - 4.30

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 me

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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.