

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 2-20-34
 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 23786

Registration District No. 1791

Primary Registration District No. 1003

Registrar's No. 6231

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
 (b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3706-A South Broadway. 2
(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)

3. (a) PRINT FULL NAME Andrew Wilhelm, Sr. 445
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-18-5475

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Margaret Wilhelm. 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased January 6th. 1889.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6.</u>	<u>17</u>	hr. _____ min.

9. Birthplace Unknown Austria. 7
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender.

11. Industry or business _____

MOTHER FATHER { 12. Name ? Wilhelm.
 13. Birthplace Unknown Austria. 7
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Austria. 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Wilhelm
 (b) Address 3706-A South Broadway.

17. (a) Burial (b) Date thereof July 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director J. F. Brederek
 (b) Address 2623 Cherokee Street.

19. (a) JUL 25 1940 (b) J. F. Brederek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 24
(If outside city or town limits, write "RURAL")
0
 (d) Street No. 3706-A South Broadway.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
 year 1940. hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 3rd.
1940 to July 23, 1940
 that I last saw him alive on July 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cause of the lower jaw (right) with general osteomyelitis jaw.
 Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration
 Underline the cause to which death should be charged statistically.

PHYSICIAN

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) X X X
 (b) Date of occurrence X X X X X X
 (c) Where did injury occur? X X X X X X
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place) (e) Means of injury X
 23. Signature Victor H. Koberger (M. D. or other) M. D.
 Address 3805 50 Broadway Date signed 7/29/40

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

Juddie A. Ziegenhein

Licensed Embalmer No. *2270*

P. O. Address *26236 Hooker St.*

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.