

751 SEP 25 1940 791

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Rev. Russell Ignatius Wilbur

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 0 _____ hr. _____ min.

9. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business Pastor Notre Dame Church

12. Name John E. Wilbur

13. Birthplace Bridgeport Connecticut
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Jones

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Wilbur

(b) Address Park Plaza Hotel

17. (a) Burial (b) Date thereof 8-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 26 1940 (b) J. B. Baedek
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1623 Kienlen Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th
year 1940 hour 8:55 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug - 22 1940 to Aug 24 1940
that I last saw him alive on 8-24-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Septicemia
Carbuncle
Due to _____
Due to _____

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

Duration
7 day
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? _____

23. Signature J. B. Baedek (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. B. Baedek (M. D. or other) _____
Address 407 N. Grand Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. F.R. Kennedy
at St. John's Hospital

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 M. Bennett
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.