

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.

(c) Name of hospital or institution: 5706 Chippewa St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY HELEN WILHOITE.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct 9 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 30 hr. min.

9. Birthplace St Petersburg ILLS.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

12. Name Ernerst Noel

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

14. Maiden name Sophia Kreling

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

16. (a) Informant Helen Milligan

(b) Address 5706 Chippewa St.

17. (a) Burial (b) Date thereof Sept 11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Therod Curtis
(b) Address 2906 Gravois Ave.

19. (a) SEP 1940 (b) J.P. Debeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis. 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5706 Chippewa St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
year 1940 hour 12 45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 29th, 1937, to Sept 8th, 1940, that I last saw her alive on Sept 17th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Haemiplegia Duration 7 da.

Due to General Anasarca 2 mo.

Due to Diabetes Mel. 37 mo.

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 N. D. Campbell (M.D. or other) N. D.

Address 3103 Grand St. Date signed 9/9/40

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

2 40 39 23139

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.....

Geo Budde
.....
working under my personal supervision

Registered Apprentice No.

Signed *Geo Budde*
.....

Licensed Embalmer No. *3988*
.....

P. O. Address *St. Louis*
.....

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, fact should be so stated above.