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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4880

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1128

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2912 PENNSYLVANIA
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME HARRY WILMERING-WILLIAMS

3. (b) If veteran, name war
3. (c) Social Security No. 489-07-8750

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife STELLA WILMERING
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL (Month) 14 (Day) 1874 (Year)

8. AGE: Years 66 Months 9 Days 19 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

10. Usual occupation TIMEKEEPER LENNOX HOTEL

11. Industry or business

FATHER
12. Name HERMAN WILMERING
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant STELLA WILMERING
(b) Address 2912 PENNSYLVANIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 2 year 1941 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred Werr (M. D. or other)
Address [illegible] Date signed 2/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.