

No. 2  
4-13-40  
-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 8722  
Registrar's No. 2132

Registration District No. 7911  
Primary Registration District No.

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: St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME SUSIE WILHELM  
3. (b) If veteran, name war No  
3. (c) Social Security No. Nil

4. Sex Female  
5. Color of race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mathias Wilhelm  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased About 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 58 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Grossmayer  
13. Birthplace Rumania  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie (Unknown)  
15. Birthplace Rumathia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mathias Wilhelm  
(b) Address 1007 Allen Avenue

17. (a) Burial (b) Date thereof Mar. 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Moydell  
(b) Address 1926 Allen Avenue

19. (a) MAR 7 1941 (b) J. F. Bruderk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1007 Allen Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 6  
year 1941 hour 8 minute 15 A.M.  
21. I hereby certify that I attended the deceased from 2/12  
1941 to 3/6 1941;  
that I last saw her alive on March 5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
post-operative (No culture  
taken)

Due to (Cholecystectomy & drainage  
of common duct) on 2/23/41  
Due to \_\_\_\_\_

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

Major findings: Cholecystitis & cholelithiasis  
pancreatitis & possible carcinoma.  
Of autopsy None

Duration 2 days  
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) no  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature Wm C. Moydell (M. D. or other)  
Address 1040 Esplanet Date signed 3/6/41

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

**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 *Bing C. Duncan*  
Licensed Embalmer No. *2272*  
P. O. Address *1926 Allen*

**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.**