

2-3-40
7-39
X23159

Registration District No. 941

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: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (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. 4536 Oregon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
70 year 1941 hour 2:50 minute 1 M.

21. I hereby certify that I attended the deceased from 6-22
1941 to 6-30 1941.

that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death ruptured
aneurysmal aorta Duration 48 hrs

Due to _____

Due to _____

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

Major findings: ruptured aneurysmal
Of operations aorta
abcess of liver
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) (Means of injury)

23. Signature Walter Kelly (M. D. or other) 0
Address 9915 Perovian Date signed 7/30/41

3. (a) PRINT FULL NAME Robert Conrad Wilfert

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-09-27

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

6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased April 17 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 13 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Car Releaser

11. Industry or business Ford Motor Co.

12. Name Charles Wilfert

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

14. Maiden name Margaret Seibel

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

16. (a) Informant Mrs. Virginia Wilfert

(b) Address 4536 Oregon Ave.

17. (a) Burial (b) Date thereof 7/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 1 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

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

979

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 *J. W. M. Rimbly*

Licensed Embalmer No. *2653*

P. O. Address *J. J. Laws, Inc.*

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.