V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13179

State File No. 4116

Registration District No. 1291 Primary Registration District No. 1003 Registrar's 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: 4610 Cecil Pl. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4610 Cecil Pl. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen M. Wilke

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife George Wilke

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

7. Birth date of deceased Sept. 1 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	7	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Adam Huter
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Helen Haus
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles Roeckel
(b) Address 4610 Cecil Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter + Paul Cem

18. (a) Signature of funeral director Watt Bros. L + N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from May 8, 1942, to , 19
that I last saw her alive on May 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral hemorrhage

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

23. Signature Harren Heyenga (M.D. or other)
Address 6639 S. Kingshighway Date signed 5/8/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.