

FILED APR 27 1942

Registration District No. 754

Primary Registration District No. 106

Registrar's No. 898

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda-Dilworth Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Years
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Wilhelmina Paprock

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Felix Paprock 6. (c) Age of husband or wife if alive 21 years 1854 (Year)

7. Birth date of deceased 4 (Month) 21 (Day) 1854 (Year)
8. AGE: Years 87 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Bremen Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation None

11. Industry or business

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown

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

16. (a) Informant Sophia A. Reuter

(b) Address 5549 Riverview

17. (a) Cremation (b) Date thereof 4-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.

19. (a) APR 22 1942 (Date received local registrar) (b) C. J. McLawrence (Registrar's signature) B.C.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5549 Riverview Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXXXXXXXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1942 hour 10:30 minutes P. M.

21. I hereby certify that I attended the deceased from 1939 to Apr 20 1942
that I last saw her alive on Apr 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Cardiovascular Disease
Arteriosclerosis

Due to 13/10

Other conditions: Megala Colon
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 C. J. McLawrence (M. D. or other) 5-22-42
Address 105 W. Lockwood Date signed

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

96
4
3

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

*Dr. C. D. Sealough
105 W. Leshwood
W. H. Mo.*

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 XX
....., Registered Apprentice No.
working under my personal supervision.

Signed *Jack H. Johnson*

Licensed Embalmer No. 4110
.....
P. O. Address 4024 Lindell Blvd.,
St. Louis, Missouri

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.