

FILED NOV 23 1942

Registration District No. **18**

Primary Registration District No. **1003**

854

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2922 S 13th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 Years in St. Louis**
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. **2922 S 13. St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ADOLF WILKUS

3. (b) If veteran, name war _____

3. (c) Social Security No. **492-07-3060**

20. DATE OF DEATH: Month **NOV** day **13** year **1942** hour **12.45** **A.** M. **M.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marie Wilkus** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **June 7th** **1873**
(Month) (Day) (Year)

Immediate cause of death **RI Lobay Pneumonia Primary**

8. AGE: Years **69** Months **5** Days **6** If less than one day hr. _____ min. _____

Due to _____
Due to **108**
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace **Austria** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Sheet Iron Worker**

11. Industry or business _____

12. Name **Adolf Wilkus**
13. Birthplace **Austria** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Unknown**
15. Birthplace **Austria** (City, town, or county) (State or foreign country) **4**

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant **Marie Wilkus**
(b) Address **2922 S 13th St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 16/42** (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S Peter & Paul**

18. (a) Signature of funeral director **Thorntons & son**
(b) Address **2906 Gravois Ave.**

19. (a) **NOV 16 1942** (Date received local registrar) (b) **J. F. Buedeck** (Registrar's signature)

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) (c) Month of injury _____
23. Signature **Thomas J. Calloway** (M. D. or other) **5**
Address **Equity Corner** Date signed **11/14/42**

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.

David. Vair Fossum

Licensed Embalmer No. *4242*

P.O. Address. *2906 Harvard*

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.