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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8931

FILED APR 3 1943

Registration District No. 3118 Primary Registration District No. 1003 Registrar's No. 2943

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo. 5days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17 92

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3025 OHIO AVE.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Steve Wilhelm

3. (b) If veteran, name war

(c) Social Security No. 078-05-1120

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUISE

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

7. Birth date of deceased MAY (Month) 6 (Day) 1897 (Year)

8. AGE: Years 45 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation TAILOR

11. Industry or business

MOTHER FATHER

12. Name NICK WILHELM

13. Birthplace AUSTRIA (City, town, or county) HUNGARY (State or foreign country)

14. Maiden name ANNA RABER

15. Birthplace AUSTRIA (City, town, or county) HUNGARY (State or foreign country)

16. (a) Informant MRS. LOUISE WILHELM

(b) Address 3025 OHIO AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Eckenfels

(b) Address 2630 Gravois Ave

19. (a) (Date transmitted to local registrar) APR 3 1943 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27, year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from February 22, 1943, to March 27, 1943, that I last saw him alive on March 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hyperpyrexia adrenalitis
toxic goiter 4y

Due to
12 yr

Due to

Other conditions (Include pregnancy within 3 months of death) atrophic at kidney

Major findings:
Of operations Same

Of autopsy Same

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 M. D. Johnson (M. D.)

Address 1515 Lafayette Avenue, Date signed 3/29/43

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1962

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.