S. No. 2
0M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23649

State File No.

FILED AUG 12 1943

Registration District No. 7818 Primary Registration District No. 1003 Registrar's No. 6993

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: 4400 Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 415
(If outside city or town limits, write "RURAL")
(d) Street No. 4400 Minnesota
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Wilhelm
3. (b) If veteran, name war ?
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 13 (Day) 1854 (Year)

8. AGE: Years 89 Months 6 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation (Miller) chemical Co.
11. Industry or business Chemical Co.
FATHER
12. Name Herman Wilhelm
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Paul Wilms
(b) Address 4400 Minnesota
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker
18. (a) Signature of funeral director Jos Schmach
(b) Address 3013 Meramec Str.
19. (a) AUG 2 1943 (Date received local registrar) (b) J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1943 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 1940, to Aug. 1st. 1943, that I last saw him alive on August 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardio-Nephritic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? No (e) Means of injury None

23. Signature [illegible] (M. D. or other) M.D.
Address 1319 So. Bdwy-St. Louis, Mo. Date signed 8-2-43

(Licensed Embalmer's Statement on Reverse Side) (FRANK DEMKO)

Garnett Co
1319 S. Broadway

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 Wm Schumacher Registered Apprentice No. ..... working under my personal supervision.

Signed Wm Schumacher

Licensed Embalmer No. 901

P. O. Address 3013 Meramec

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.