

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30501**
Registrar's No. **8554**

FILED OCT 2-1943 318
Registration District No. _____

Primary Registration District No. _____

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location) 0
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3650 Bowen St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Wahlers
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 25th
year 1943 hour 11 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Late Ernest Wahlers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12th 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10, 1943 to Sept 25, 1943
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death Cerebral embolism 5 days

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to Cardiomegaly fibrillation 2 wks

10. Usual occupation Housewife

Other conditions Chronic cholecystitis 1 yr
(Include pregnancy within 3 months of death)
calculous

11. Industry or business _____

Major findings: Of operations _____

12. Name Francis Nohl

Of autopsy _____

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

14. Maiden name Doris Plass

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

16. (a) Informant Mrs. Dorothy Douglas

(b) Address 3650 Bowen St.

17. (a) Cremation (b) Date thereof 9-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 28 1943 (b) J. F. Brudack
(Date received local registrar's certificate) (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) (e) Means of injury _____
23. Signature J. M. Frank (M. D. or other) _____
Address 3651 Grand St Date signed 9-27

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

12-230

2051 Handled by J 4430

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 Richard W. Stevenson

Licensed Embalmer No. 4007

P. O. Address.....

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.