

Primary Registration District No. **1003**

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

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 **29 days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days **0**

3. (a) PRINT FULL NAME **Frank Wilke**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **W.H.TE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Caroline** 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **OCT 5 1888**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>55</b>	<b>10</b>	<b>14</b>	hr. _____ min. _____

9. Birthplace **Chicago Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Crate**

11. Industry or business **Metal Finishing Co**

12. Name **John Wilke**

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

14. Maiden name **Winkler**

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

16. (a) Informant **Mrs Caroline Wilke**  
(b) Address **1409 N. 6th St**

17. (a) **BURIAL** (b) Date thereof **9-21-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. PETERS CEMETERY**

18. (a) Signature of funeral director **Central Mond. Co**  
(b) Address **1841 Cass Ave**

19. (a) **SEP 20 1944** (b) **J. F. Breach**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**

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

(d) Street No. **1409 N. 6th St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19th** year **1944** hour **7** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **8/22/44**, 19 **44**, to **Sept. 19th**, 19 **44**

that I last saw him alive on **Sept. 19th**, 19 **44**

and that death occurred on the date and hour stated above

Immediate cause of death **Toxemia, dehydration, malnutrition** Duration \_\_\_\_\_

Due to **Carcinoma of rectum with generalized metastasis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Ca of rectum with generalized metastasis**

Of operations \_\_\_\_\_

Of autopsy **metastasis**

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 **John Thomas** (M.D.)  
Address **1515 Lafayette** Date signed **9/19/44**

**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.....

*W. W. Wilkinon*

Licensed Embalmer No..... *3575*

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.**