S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35388

State File No. 0

Registration District No. 317 Primary Registration District No. 3~~0~~63 Registrar's No. 2076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys 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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3936 Burgen Avenue 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wilhelmenie Wuesthoff

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Norbert Wuesthoff 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 8 (Day) 1876 (Year)

8. AGE: Years 67 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Henry Olms
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Johanna
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Paul P. Wuesthoff
(b) Address 3936 Bergen

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6222 So. Grand Blvd.

19. (a) OCT 12 1944 (Date received for registration) (b) E. G. McGuiran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1944 hour 7:00 minute p.M.

21. I hereby certify that I attended the deceased from June 10 - 1933, to Oct. 9th 1944 that I last saw her alive on Oct. 9 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 932

Of autopsy

Duration: 3 days; about 10 years.

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 [signature] (M. D. or other) MD
Address 3806 Grams Date signed 10/10/44

707

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

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.