

FILED DEC 15 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 307

Primary Registration District No. 6076

Registrar's No. 2803

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jannings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7500 Calvin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3806a Ashland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME George Wilhelm,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 8 minute 30 a. M.

3. (b) If veteran, name war No. 3. (c) Social Security No. 488-01e086

21. I hereby certify that I attended the deceased from Mar 24, 1943 to Dec 9, 1945
that I last saw him alive on Nov 24, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death:
acute coronary
obstruction
due to
Ch. Coronary Disease
Ch. Myocarditis
9/2
Other conditions Hypertension
(Include pregnancy within 3 months of death)

6. (b) Name of husband or wife Helen Wilhelm 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 28 1883
(Month) (Day) (Year)

PHYSICIAN
Major findings: no
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
62 8 11 hr. _____ min.

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

10. Usual occupation Retired Chemist

11. Industry or business Mallinckrodt Chemical Co.

12. Name Nicholas Wilhelm

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

14. Maiden name Frances Eschbacher
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Wilhelm,
(b) Address 3806a Ashland Ave.

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director _____
(b) Address 3320 N. Kingshighway Blvd.

19. (a) 12-12-45 (b) Ed M. Jaraman MD
(Date received local registrar) (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 D. M. J. Jaraman MD (M. D. or other)
Address 5800 Plymouth av. Date signed Dec 11/45

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

Fred Truck

Licensed Embalmer No. 3186

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.

MAR 29 1945