

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
551 Monroe Street  
(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. Charles 92  
(c) City or town St. Charles 9  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 551 Monroe  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilhelmina Hallemeier  
3. (b) If veteran, name war NIL  
3. (c) Social Security No. N 72

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife August Hallemeier  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 17th 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3 27 hr. min.

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

10. Usual occupation House wife

11. Industry or business Shoe House

12. Name Frederick Wahlbrink

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

14. Maiden name Wilhelmina Hemmer

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

16. (a) Informant Melvin Hallemeier

(b) Address 551 Monroe St St Charles

17. (a) Burial (b) Date thereof 1-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Haeppman, Bove, et al  
(b) Address St. Charles, Missouri

19. (a) Jan 25/46 (b) Fannie Hamilton  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th  
year 1946 hour 6 minute 30 A.M.  
21. I hereby certify that I attended the deceased from March  
1939 to Jan 14, 1946.  
that I last saw her alive on Dec 13, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease - atherosclerosis  
Duration 2 years  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions cholecystitis, Mitral regurgitation  
(Include pregnancy within 3 months of death)

Major findings: regurgitation  
Of operations \_\_\_\_\_  
Of autopsy 940  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Vincent A. Schreiber (M. D. or other)  
Address St. Charles, Mo Date signed 1/19/46

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

1873

FEB 1 1946

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-28-46

**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.....

*Arthur C. Bane*

Licensed Embalmer No. 3155

P. O. Address.....

*St Charles 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.**