

S. No. 2  
M-8-43  
5-17-39  
P.1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36323

FILED DEC 5 1946  
Registration District No. 52

Primary Registration District No. 3009

State File No. \_\_\_\_\_  
Registrar's No. 92

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

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Jackson Mo.  
(c) Name of hospital or institution: 303 Cherry St.  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson Mo.  
(d) Street No. 303 Cherry St.  
(e) Citizen of foreign country? no.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martin A. Wilhelm  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Nov. day 23rd  
year 1946 hour 7 minute 10 P. M.

4. Sex M Color or race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Emma Haupt  
(c) Age of husband or wife if alive 56 years  
7. Birth date of deceased May 14 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 23, 1946 to Nov. 23, 1946;  
that I last saw him alive on November 23rd, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration \_\_\_\_\_

8. AGE: Years 55 Months 7 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Mechanic

11. Industry or business \_\_\_\_\_

12. Name Albert Wilhelm  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Willa  
15. Birthplace Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martin Wilhelm  
(b) Address 303 Cherry St.

17. (a) Burial (b) Date thereof Nov 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Russell Wright  
(b) Address Jackson Mo.

19. (a) 11-27-46 (b) D. G. Seibert  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations 9.4A  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_  
23. Signature of Coroner or other official \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Jackson, Mo. Date signed 11/28/46

4-3

(Licensed Embalmer's Statement on Reverse Side)

1246-2938  
12-4-46

**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 B. Meyer  
Licensed Embalmer No. 3051  
P. O. Address Jackson 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.