

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **392333**  
9778  
Registrar's No.

FILED NOV 25 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution DePaul Hospital  
(d) Length of stay: In hospital or institution Since Oct. 7,  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 4241a N. Prairie Ave  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hy. W. Wilkening  
(b) If veteran, name war None  
(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 2, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 2 13 hr. min.

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

10. Usual occupation Retired

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

MOTHER FATHER  
12. Name Not known  
13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Take  
(b) Address 7240 Burrwood Dr.

17. (a) Burial (b) Date thereof 11/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) NOV 16 1946 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15,  
year 1946 hour 2:45 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10/27, 1946, to 11/15, 1946  
that I last saw him alive on 11/14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Sympathetic Leukemia  
Due to \_\_\_\_\_

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Charles E. Smith (M. D. or other) \_\_\_\_\_  
Address 3911 Lee Ave. Date signed 11/15/46

Duration  
3 mos  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 *Gustavo W. Dietrich*  
Licensed Embalmer No. *4329*  
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.**