

S. No. 2  
M-2-43  
v. 5-17-39  
X 35897

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 12 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22597

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6290

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether \_\_\_\_\_)  
In this community 65 years  
years, months or days)

3. (a) PRINT FULL NAME Wilhelmina Rethmann

3. (b) If veteran, name war no  
3. (c) Social Security No. no

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

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

7. Birth date of deceased Dec 27 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 4  
If less than one day hr. min.

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

10. Usual occupation housewife

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

12. Name Unknown

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Miss Clara Rethmann

(b) Address 4013 Dunnica

17. (a) Burial (b) Date thereof 7/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) JUL 1 1947 (b) J. F. Brecken  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osceola  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street 4013 Dunnica  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1947 hour 12 minute 35 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

(that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.)

Immediate cause of death fracture of left hip  
intercurrent with old  
fell on the concrete walk in  
back yard at her home on  
July 4, 1947 about 12:00 P.M.  
at home

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

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

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) Accident

(b) Date of occurrence June 4, 1947

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Edwin E. Myler (M.D. or other) 3/1/47  
Address \_\_\_\_\_  
Date signed \_\_\_\_\_

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**