S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36414

FILED OCT 24 1948

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 9344

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: De Paul Hospital
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4725 Lee Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Veronica A. Wilhelm

3. (b) If veteran, name war -- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Eugene Wilhelm 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January (Month) 21 (Day) 1900 (Year)

8. AGE: Years 47 Months 8 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Emanual Kennedy
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Gartland
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eugene Wilhelm
(b) Address 4725 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) OCT 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1947 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from July 31, 1947 to Oct 7, 1947; that I last saw her alive on Oct 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Exacerbation of chronic interstitial nephritis	6 months
Due to: chronic interstitial nephritis	6 months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature F. R. Finnegan (M. D. or other) MR

Address 539 N Grand Date signed Oct 9 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 ..... None ....., Registered Apprentice No. ..... working under my personal supervision.

Signed ..... [illegible]

Licensed Embalmer No. ..... [illegible]

P. O. Address ..... [illegible] 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.