

No. 2
-1/47
5-17-39

43605

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11673
Registrar's No.

FILED DEC 31 1947

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
enroute to St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **3**
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **New York** (b) County..... **Monroe** **499**
 (c) City or town..... **Rochester** **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. **92 Penbrooke Street.,**
(If rural, give location)
 (e) Citizen of foreign country?..... **U.R.** **2**
(Yes or No)

3. (a) PRINT FULL NAME..... **Joshua F. Wilber Wilber**
 3. (b) If veteran, name war..... **World War 1**
 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **19**
 year..... **1947** hour..... **5** minute..... **30 P.** M.

4. Sex..... **Male** 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Frances Wilber**
 6. (c) Age of husband or wife if alive..... **26** years
 7. Birth date of deceased..... **December 27 1896**
(Month) (Day) (Year)

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.....
Covary Throat

8. AGE: Years Months Days If less than one day
50 11 22 hr. min.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... **Rochester New York**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Inspector**

11. Industry or business.....
 12. Name..... **J. F. Wilber**
 13. Birthplace..... **Lockport New York**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Mary Carnes**
 15. Birthplace..... **Rochester New York**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Helen Wilber**
 (b) Address..... **Rochester, New York**

17. (a) **Removal** (b) Date thereof..... **12/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Rochester, New York**

18. (a) Signature of funeral director..... **Albert H. Hoppe**
 (b) Address..... **4700 Washington Blvd.,**

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?.....
 Means of injury..... **3**

19. (a) **11-22-1947** (b) **J. F. Brodeur**
(Date received local registration) (Registrar's signature)

23. Signature..... **Dr. Carolyn** Date signed..... **12/22/47**

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

SEP 29 1955

SEP 29 1955

11663

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 Henry M. Brammer
Licensed Embalmer No. 4200
P. O. Address St. Louis

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.