

FILED MAY 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 17806

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4358**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 0		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PAC. HOSPITAL		d. STREET ADDRESS (If rural, give location) 6809 BRADLEY AVE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) COULS c. (Last) WILHELM		4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 2, 1877
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months 1 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SIGNAL MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R.	11. BIRTHPLACE (State or foreign country) ST. LOUIS CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JACOB WILHELM.	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ELIZABETH WILHELM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIZABETH WILHELM 6809 BRADLEY
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEMIPARESIS, LEFT DUE TO (c) HYPERTENSIVE HEART DISEASE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO. MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR H H X		22. I hereby certify that I attended the deceased from 4-29, 1949 to 5-15, 1949 that I last saw the deceased alive on 5-15, 1949 , and that death occurred at 10:50 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Charles J. Feltyshel, M.D.		23b. ADDRESS 1755 S. Grand, St. Louis MO	23c. DATE SIGNED 5/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 18, 1949	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
DATE REC'D BY LOCAL REG. MAY 16 1949	REGISTRAR'S SIGNATURE J. B. Sauer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Richard W. Stovesand*

Licensed Embalmer No. 4007

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.