

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21865

State File No. 1003
Registrar's No. 5169

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ada	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		c. LENGTH OF STAY (in this place) 11 weeks	c. CITY (If outside corporate limits, write RURAL and give township) St Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 13 3524 S 37th	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Wilhelm			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1949			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 24, 1861	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Rothenbuecher		13b. MOTHER'S MAIDEN NAME Margaerite Basche		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma B Albers 3524 S 37th	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial nephritis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical patient. No surgery.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 131	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X	
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22. I hereby certify that I attended the deceased from **4-10-** 19**49**, to **June 14, 1949**, that I last saw the deceased alive on **6-14-** 19**49** and that death occurred at **4:20a** m., from the causes and on the date stated above.

23a. SIGNATURE Frederick Smith (Degree or title)		23b. ADDRESS 4930 Lindell Blvd. St. Louis, Missouri		23c. DATE SIGNED 6-14-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/17/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. JUN 14 1949		REGISTRAR'S SIGNATURE J. B. Casady		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X

will

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 W. G. Peterson

Licensed Embalmer No. 3167

P. O. Address 7027 Gravois

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.