No. 300
10.48

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10798 2084

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jennings St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis County-Jennings 4138
d. STREET ADDRESS (If rural, give location) 2033 Switzer Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) J
c. (Last) Wilhelm Jr.

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH Jan. I 1925

9. AGE (In years last birthday) 26 — If under 1 year: Months 1 Days 1 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Union Elect.

11. BIRTHPLACE (State or foreign country) Jennings Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry H. Wilhelm

13b. MOTHER'S MAIDEN NAME Augusta Hachmeister

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 493-20-4107

17. INFORMANT'S SIGNATURE OR NAME Henry Wilhelm **ADDRESS** 2033 Switzer

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Systemic Blastomycosis - acute — INTERVAL BETWEEN ONSET AND DEATH 1 month.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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 _____

20. AUTOPSY? YES [X] NO [ ]

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 1340

22. *I hereby certify that I attended the deceased from* 1/29, 19 51, *to* 3/2, 19 51, *that I last saw the deceased alive on* 3/2, 19 51, *and that death occurred at* 9:15p. m., *from the causes and on the date stated above.*

23a. SIGNATURE F. R. Finnegan (Degree or title) MD

23b. ADDRESS 539 No. Grand Blvd.

23c. DATE SIGNED 3/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-6-51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REGIST. MAR 5 1951

REGISTRAR'S SIGNATURE J. B. Lanter

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Buchholz- Koeller 5967W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

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

Kitty.

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~~ Me

working under my personal supervision.

Student Embalmer No.....

Signed Guy W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.