

FILED APR 12 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10908

BIRTH NO. REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 3063 Registrar's No. 914

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Clayton  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co., Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) Spanish Lake 4010  
d. STREET ADDRESS (If rural, give location) R#4 Box 668 Baden Station

3. NAME OF DECEASED a. (First) Matilda b. (Middle) c. (Last) Wilhelm  
4. DATE OF DEATH (Month) (Day) (Year) April 5, 1951

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Dec 8th, 1882  
9. AGE (In years) (If under 1 year, give month and day) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Carl Naumann 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Joseph Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Wilhelm, R#4 Box 668 Baden St

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Nephroses  
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 Pleural effusion Atelectasis  
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  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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5 (2:00 PM) 1951, to 4-5 (7:00 PM) 1951, that I last saw the deceased alive on 4-5-1951, and that death occurred at 7:02 pm., from the causes and on the date stated above.

23a. SIGNATURE Herman C. Ross (Degree or title) M.D. 23b. ADDRESS 1601 S. BRENTWOOD CLAYTON 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 4/9/51 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 4/8/51 REGISTRAR'S SIGNATURE Robert P. Lamb M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John J. Harris*

Signed.....

Student Embalmer

Licensed Embalmer No. 4108

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.