

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23214**  
Registrar's No. **5930**

FILED JUL 2-1953

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2812 Meramec St.</b>		d. STREET ADDRESS (If rural, give location) <b>2812 Meramec St.</b>	
3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First) <b>E.</b> b. (Middle) <b>WAHLMAN</b> c. (Last)	
4. DATE OF DEATH <b>June 12, 1953</b>		(Month) (Day) (Year)	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 19, 1875</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTHS <b>78</b> 11. DAYS <b>78</b> 12. HOURS <b>78</b> 13. MIN. <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>concrete finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>construction</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Indianapolis, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ERNEST WAHLMAN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>ALVINA MEYER WAHLMANN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>Spanish-American</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Alvina Meyer, 2812 Meramec Str.</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u></b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Arterio-sclerotic heart disease</u>			
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 <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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>11/11</u> , 19 <u>43</u> , to <u>6/12</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6/9</u> , 19 <u>53</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. J. Woskyp</u>		23b. ADDRESS <u>3554 Victor St. St. Louis 4 Mo</u>	
23c. DATE SIGNED <u>6/12/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE <u>June 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u> ADDRESS <u>1936 St. Louis Ave.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 15 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

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

Student Embalmer No. None

working under my personal supervision.

Student None  
Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

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.