

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41385**
Registrar's No. **11047**

FILED DEC 4-1953

318

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>26 3156 N. 13th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>26 3156 N. 13th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Wilhelm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-19-1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6-15-1883</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 14 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Fred Wilhelm</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Gittermann</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Wilhelm</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-10-0264</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Wilhelm - 3156 N. 13th</u>					
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) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of tongue - pharynx 2 yrs.</u> DUE TO (c) <u>larynx & generalized metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>8/2/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy</u>						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>.141X</u>					
22. I hereby certify that I attended the deceased from <u>7/31</u> , 19 <u>52</u> , to <u>11/19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/19</u> , 19 <u>52</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George A. Carroll M.D.</u>				23b. ADDRESS <u>406 N. Grand St. St. Louis, Mo</u>		23c. DATE SIGNED <u>11/25/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>NOV 21 1953</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Koch & Son</u>		ADDRESS <u>3156 N. 13th</u>			

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 _____

J. Allen Douigh
Licensed Embalmer No. *4053*

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.