SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019622
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4785

FILED JUN 2 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE St. Louis b. COUNTY Mo

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo
Length of stay in 1b: 40 YRS.

c. CITY OR TOWN St. Louis 6, Mo
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1834 Hogan
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: John Middle: — Last: Wilhelm

4. DATE OF DEATH Month: May Day: 19 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-1-89

9. AGE (last birthday): 71

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: AMERICAN-PACKING-CO.

11. BIRTHPLACE (City and state or country): Missouri (SPANISH LAKE)

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

13a. FATHER'S NAME: Henry Wilhelm

13b. MOTHER'S MAIDEN NAME: Anna Morfeld

14. NAME OF HUSBAND OR WIFE: Frances Mary WILHELM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE

17. INFORMANT: FRANCES-WILHELM
Address: 1834-HOGAN-ST.

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Infarction of the Myocardium

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis

DUE TO (c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adenocarcinoma Prostate; Metastatic Ca, Site unknown

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1 H

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-12-61, to 5-19-61 and last saw her him alive on 5-19-61
Death occurred at 8:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alfred H. Stunzer (Degree or title) M.D.

22b. ADDRESS 1525 S. Grand Blvd

22c. DATE SIGNED 5/20/61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAY-22-1961

23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR: Brockland Und. Co.
ADDRESS: 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: MAY 22 1961

26. REGISTRAR'S SIGNATURE: Hazel Smith M.D.

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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_____
Signature of Student Embalmer

Signed John J. Stamm

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.