MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11200 STATE FILE NUMBER 61-043031

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in Ib: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hamilton Medical Convalescent Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St Louis
c. CITY OR TOWN: Bridgeton, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3579 Welland
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUIS Middle J. Last WILHELM
4. DATE OF DEATH: Month December Day 1 Year 1961.
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-9-1868
9. AGE (last birthday): 93
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 Bundle Man
10b. KIND OF BUSINESS OR INDUSTRY: Famous-Barr Co.
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.,
13a. FATHER'S NAME: Louis Wilhelm
13b. MOTHER'S MAIDEN NAME: - - Brosa
14. NAME OF HUSBAND OR WIFE: Deceased,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Address: Mr Louis F. Wilhelm, 3579 Welland

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)
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 Oct. 7, 1961, to Dec. 1, 1961 and last saw him alive on Nov. 28 1961
Death occurred at 3:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. F. Montgomery, MD.
22b. ADDRESS
22c. DATE SIGNED: 12/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-4-1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave
25. DATE RECD. BY LOCAL REG.: DEC 1 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
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 Clement McNeary

Licensed Embalmer No. 3732

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

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