

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JUL 14 1936

24837

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **St. Louis,** Primary Registration District No. **1003**
City **St. Louis,** (No. **Firmin Desloge Hospital**)

File No.
Registered No. **6491**
St. Ward

2. FULL NAME

Gladys Wilimeck (Gladys Wilimeck)

(a) Residence, No. **1610 South 13 Str.** St., **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **12** yrs. **1** mos. **9** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15, 1924**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs.min.
	12	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At School**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Albert Wilimeck**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Clara x Rosberg**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Albert Wilimeck**
(ADDRESS) **1610 S. 13 Str.**

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus** DATE **June 26, 36**

19. UNDERTAKER **W. B. Mayall**
(ADDRESS) **1926 Allen Ave.**

20. FILED **JUN 26 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 9, 1936**, to **June 24, 1936**.
I last saw her alive on **June 23, 1936**. Death is said to have occurred on the date stated above, at **12 A. m.**

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease with mitral regurgitation, intermyocardial infarction with congestive failure, Rheumatic pericarditis chronic

Date of onset **One year**

Other contributory causes of importance:

920

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **he**
If so, specify.....
(Signed) **Irving J. Weber, M. D.**

(Address) **Firmin Desloge Hospital, 1325 South Grand Blvd. St. Louis, Mo.**

