

REC'D NOV 16 1938

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

34049  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bern G. Wilsman**

(a) Residence, No. **3752 Chippewa** St. **H6** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8, 1900.**

7. AGE YEARS **38** MONTHS **3** DAYS **7** If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Buyer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Meis Bros.**  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME **George Wilsman**

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

MOTHER 15. MAIDEN NAME **Mary Husgen**

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

17. INFORMANT **Juanita Wilsman** (ADDRESS) **3752 Chippewa Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul** DATE **Oct. 18, 1938**

19. FUNERAL DIRECTOR (NAME) **J. H. Schenker Law & Co** (ADDRESS) **28420 Laramie Street**

20. FILED **OCT 17 1938** **J. J. Bredee** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-15-38**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **10-3-38**, 19....., to **10-15-38**, 19.....

I last saw him alive on **10-15-38**, 19..... Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

**Brain Abscess, Empyema caused by pneumonia unknown type Empyema not tubercular**  
Date of onset **10-1-38**  
**May-38**  
**June-38**

Other contributory causes of importance:

Name of operation **Aspiration of brain abscess** Date of **10-9-38**  
What test confirmed diagnosis **Autopsy & Operation** 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? **No**  
If so, specify.....  
(Signed) **Leonard J. Javors**, M. D.  
(Address) **BARNES HOSPITAL**

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.

**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, .....

Howard F. Roland

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

Howard F. Roland

Licensed Embalmer No. 3114

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 this body is not embalmed, above space should be left blank.**