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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16695

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4214

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 3 Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3214 S. 9th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Wilsman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Isabelle Wilsman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. About 1871
(Month) (Day) (Year)

8. AGE: Years About 70 Months Unknown Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri ()
(City, town, or country) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Bernhardt Wilsman

13. Birthplace Germany
(City, town, or country) (State or foreign country)

14. Maiden name Adeline Muller

15. Birthplace Germany
(City, town, or country) (State or foreign country)

16. (a) Informant Isabelle Wilsman

(b) Address 3214 S. 9th St.

17. (a) Burial (b) Date thereof May 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

(a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) MAY 20, 1941 (b) [Signature]
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1941 hour 6:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 16, 1941, to May 18, 1941.
that I last saw him alive on May 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarction Duration _____

Due to Bernhardt Antonselewski

Due to [Signature] 95C

Other conditions (Include pregnancy, if that is a cause of death) _____

Major findings: Cystitis + Cardiac Hypertrophy
Of operations cystitis, catarrh
Of autopsy Coronary Infarction + Cardiac Hypertrophy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] M.D. (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed.....

A. H. Janocky

Licensed Embalmer No. 4049

P. O. Address 1926 Allen Rd

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.