S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13145

FILED APR 27 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3487

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2709 Accomac
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 67 years in St. Louis

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000 231

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2709 Accomac
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILHELMINA VERMEERSCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 13, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	9	4	hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Carl Sylvester
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unkown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Eva Osterman
(b) Address 2709 Accomac

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois

19. (a) APR 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1942, 19, to Apr. 17, 1942, that I last saw her alive on Apr. 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ch. myocarditis	
Ch. nephritis	
Due to Hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature R. Berg (M. D. or other)
Address 2253 Nebraska Date signed 4/18/42

(Licensed Embalmer's Statement on Reverse Side)

Berry
3-5
2253
Nebraska

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 David M. Van Fossan, Registered Apprentice No. 280, working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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