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-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25873

FILED AUG 5 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. **6625**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

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

(d) Length of stay: In hospital or institution 18 yrs. 7 mos.  
(Specify whether \_\_\_\_\_)

In this community 60 yrs.  
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. 5400 Arsenal St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM WILSCH (Welsch)

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased January 13, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Stove worker

11. Industry or business QUICK MEAL STOVE CO.

12. Name Fred Wilsch

13. Birthplace not given Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lizette Egeore

15. Birthplace not given Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 7 30 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S/S PETER & PAUL CEM

18. (a) Signature of funeral director KRIEGSHAUSER & SONS UND. CO.

(b) Address 4422 SO. KING SA. (S. HWY) 131

19. (a) JUL 29 1946 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 5.15 minute P M.

21. I hereby certify that I attended the deceased from April 1st, 1941 to July 27, 1946; that I last saw him alive on July 27, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>5 ds.</u>
<u>Due to Generalized Arteriosclerosis</u>	<u>10 yrs.</u>
Due to _____	_____

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. Hoptallen (M. D. or other) O. J. D.  
Address 5400 Arsenal Date signed 7/28/46

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

MOTHER FATHER

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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.....

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

Signed Edwin J McDermott

Licensed Embalmer No. 3024

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.**