No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 38121

Registrar's No. 3400

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

36936

1. PLACE OF DEATH
(a) County: St Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1/2 day (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No.: 11125 Riverview Dr
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Wilhelm, Herman
3. (b) If veteran, name war: none
3. (c) Social Security No. 493-24-1920
4. Sex: M
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Louise Mueller
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Sept. (Month) 28 (Day) 1887 (Year)
8. AGE: Years 59 Months 2 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace: St Louis County (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation: Night Watchman
11. Industry or business: Watchman
FATHER
12. Name: Henry Wilhelm
13. Birthplace: Baden (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Anne Marfeldt
15. Birthplace: Brusa (City, town, or county) Ill (State or foreign country)
16. (a) Informant: Hartman Wilhelm
(b) Address: 11125 Riverview Dr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 2 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Friedrich F. Horne
(b) Address: 8319 Holly Berry Rd
19. (a) 12-2-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th year 1946 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from November 26, 1946, to November 28, 1946, that I last saw him alive on November 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	3 days
Due to Coronary Sclerosis	3 days
Due to Arterio Sclerosis Hypertensive	4 yrs
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: Paul B Vatterott (M. D. or other) MD
Address: St Louis Co. Hosp Date signed 11/28/46

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur P. Diedrich

Licensed Embalmer No. 3556

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.