

State File No. **36417**
10098

Registrar's No. _____

FILED NOV 14 1947 **318**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3853 Lindell Blvd.
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Siegmund Willheim

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hannah Willheim 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	59	--	--	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Ready to Wear

12. Name Joseph Willheim

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

14. Maiden name Caroline Kolisch

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

16. (a) Informant Mrs. Hannah Willheim

(b) Address 3853 Lindell Blvd.

17. (a) Burial (b) Date thereof 11-2-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindolf

(b) Address 5216 Delmar Blvd.

19. (a) NOV 1 1947 (b) J. F. Bredeck
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3853 Lindell Blvd.
 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st.
 year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb.
28 1946 to Nov. 1 1947
 that I last saw him alive on Oct. 4 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion

Due to arteriosclerotic heart dis.

Other conditions Coronary occlusion Feb 1946
 (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Henry Rosefeld (M. D. or other) M.D.
 Address 3903 Olive St Date signed Nov 1 1947

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

MOTHER FATHER

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.....

John Ketter
.....
Licensed Embalmer No. 3880

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.