No. 2
1/47
17-39

#51024

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3248

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 754

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

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-Max C. Starkloff Memorial
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3826a Market Street 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN WILKE
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma J. Atherton
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased April (Month) 26 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	8	27	21 hr. 15 min.

9. Birthplace Teutopolis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business retired
FATHER
12. Name ? Wilke
13. Birthplace ? (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) (State or foreign country)
16. (a) Informant George H. Wilke
(b) Address 621 Tower Grove Avenue, St. Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd year 1948 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from 1/13/48, 19, to Jan 23rd, 1948, that I last saw him alive on Jan 23rd, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Congestive failure-
Due to
Due to
Other conditions Benign Hypertrophy Prostate-
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature C. P. Yarbrough (M.D. or other)
Address 1515 Lafayette 1/24/48 Date signed

Jefferson City Printing Co. (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.....

Licensed Embalmer No. 3864

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.