

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21483**
Registrar's No. **5886**

Registration District No. **318**

Primary Registration District No. **1003**

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:
3752 Chippewa St.,
(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 Mary Wilsmann,

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 Widowed,
6. (b) Name of husband or wife George Wilsmann, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 6, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name John Huguen,
13. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mary Kneiper,
15. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Jung,
(b) Address 3654a Winnebago St.,

17. (a) Burial, (b) Date thereof 7/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) JUL 1 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3752 Chippewa St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1948 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from May 3rd 1948 to June 30th 1948
that I last saw her alive on 6-30-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus, resection Duration ?
Due to Bladder
Due to Primary site in Uterus

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? _____

While at work? _____ (Specify type of place)
_____ (Specify means of injury)

23. Signature George Becker (M. D. or other) _____
Address 634 W. Grand Date signed 7/4/48

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..... me

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

Signed Loron E. Percy

Licensed Embalmer No..... 4094

P. O. Address..... 2842 Meramec St.,
St. Louis, 18, Mo.

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.