

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3399
Registrar's No. 385

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		5-0-2 17 91	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor				d. STREET ADDRESS (If rural, give location) 4843 Sigel Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) WILHELM			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sep't. 16, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired 5 Yrs.		11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wilhelm		13b. MOTHER'S MAIDEN NAME Anna Unknown		14. NAME OF HUSBAND OR WIFE Late Rosa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Frank Wilhelm ADDRESS 4843 Sigel Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Toxic Pneumonia DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 92					INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from June 4, 1948 , to Jan 11, 1949 , that I last saw the deceased alive on Jan 11, 1949 , and that death occurred at 11:00 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas P. Riedel M.D.				23b. ADDRESS 6076 Grand Bl.		23c. DATE SIGNED 1/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan. 14, 1949	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.			

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

