

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040508

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 98

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Imperial (Kimmswick) | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Imperial (Kimmswick) 0508 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Oaks Nursing Home | | Length of stay in lb 1 yr. | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First CLARA Middle H. Last WILHELMS | | | 4. DATE OF DEATH Month Nov. Day 10 Year 1958 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 30, 1875 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) Saxony, Germany | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Emil Loessner | | 13b. MOTHER'S MAIDEN NAME Hulda Bertha Hahn | | 14. NAME OF HUSBAND OR WIFE Emil Wilhelms | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 492-20-1090B | 17. INFORMANT Address Dorsett Rd., The Rev. Henry H. Wilhelms, Maryland Hts. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerosis | | |
| DUE TO (c) | | ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from 6-27-58 to 11-8-58 and last saw her alive on 11-8-58
Death occurred at 12:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Frank Neis | 22b. ADDRESS Fenton, Mo. | 22c. DATE SIGNED 11-11-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Nov. 13, 1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR BEIDERWIEDEN FUNERAL HOME, St. Louis Ave | ADDRESS 1936 | 25. DATE RECD. BY LOCAL REG. 11-13-58 | 26. REGISTRAR'S SIGNATURE Robert E. Bauer |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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NOV 21 1958

Mr. Frank Houck

Fenton Mo. Medical Bldg.

4-6 PM

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Homer H. Jutz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.