

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

cc 0
32
9

County.....
Township.....
City St Louis (No. 2514 University St)

FEB 8 1937
Registration District No. 791
Primary Registration District No. 1003
2

File No. 4038
Registered No. 1081
St. Ward

2. FULL NAME Melvin Willbrand

(a) Residence, No. 2514 University St St. 20 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
19 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sub Carrier 118
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo 1

FATHER 13. NAME Henry F Willbrand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo 1

MOTHER 15. MAIDEN NAME Ida L Dierking
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo 1

17. INFORMANT Henry F Willbrand
(ADDRESS) 2514 University St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem Jan 26 1937

19. UNDERTAKER Beiderwieden Funeral Home Inc
(ADDRESS) 1936 St Louis Ave

20. FILED JAN 26 1937
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937, to Jan 22 1937.
I first saw h. alive on 1-22 1937. Death is said to have occurred on the date stated above, at 5:50 P M

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar 1/14/37
Probably Influenza type A

Other contributory causes of importance:
11
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. D. Peller M. D.
(Address) 2505 NW 15th

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHENACETIN should not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

