

10. 2
17-39
X23159

OVER MAY 13 1941
Registration District No. 794

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution De Paul Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jacob J. Willems

3. (b) If veteran, name war No

3. (c) Social Security No. 491-16-7598

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen Willems

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 6 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Nicholas Willems

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph A. Walde

(b) Address 3508a Dodier St.

17. (a) Burial (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cem. Florissant Mo.

18. (a) Signature of funeral director Stroot-Carroll Und.

(b) Address 4600 Natural Bridge Ave.

19. (a) APR 28 1941 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2320a Salisbury St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-24-40
to 4-25-41, 19____, to 4-25-41, 19____;

that I last saw him alive on 4-24, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma Gall Bladder

Of operations _____

Of autopsy Same

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? _____

Co. _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Chas. J. [unclear] (M. D. or other) M.D.

Address 3500 N. Grand Date signed 4-26-41

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

Sheldon Collier

Licensed Embalmer No. *3382*

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.