

No. 2
1-4-41
1-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36678
State File No. 8908
Registrar's No.

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

I. 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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 56 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3101 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles E. Willmann

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex 0 56 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Kate 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 2 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name George W. Willmann
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Link Powell
15. Birthplace Albany New York
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Willman
(b) Address 3115 Michigan Ave.

17. (a) Burial (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1d St. Peter Paul

18. (a) Signature of funeral director Hacker-Decker Ind. & Bur. Co.
(b) Address 3634 Gravois Ave.

19. (a) NOV 10 1941 (b) J. F. Budeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 th year 1941 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 15 1941 to Nov 6 1941.
that I last saw him alive on Nov 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations None
Of autopsy None

Duration
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).....
Means of injury.....
23. Signature Wm. R. Nye (M. D. or other).....
Address 2931 Gravois Ave. Date signed 11/10/41

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

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..... *Robert Wheeler*

Licensed Embalmer No..... *2128*

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 this body is not embalmed, fact should be so stated above.