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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22286

ED JUL 2 1943
Registration District No. 307

Primary Registration District No. 6049

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Augusta in Rural 1 Femme Osage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Augusta "Rural" 92
(If outside city or town limits, write "RURAL.")

(d) Street No. 5 miles west of Augusta 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MATHILDA WILLENBRINK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased March 31 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Augusta Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Herman H. Willenbrink

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Eлизаbeth Beckler

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wm St Hauslap
(b) Address Marthasville Mo

17. (a) _____ (b) Date thereof June 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Outdoor sep

18. (a) Signature of funeral director Wm W. Schenker

(b) Address near the market place

19. (a) June 3/43 (b) Calvin Clay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 Hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 1 1942, to June 3 1943
that I last saw her alive on June 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 months

Due to hypertensive
aggravated by dementia 544

Due to precip

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

Major findings: _____ Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. C. Johnson (M.D. or other) _____
Address Marthasville Mo Date signed 6/4/43

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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 *Fred W. Lichtenberg*
Licensed Embalmer No. *1321*
P. O. Address *Marthasville, Mo.*

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.