. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1944

Registration District No. 817

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35382

Registrar's No. 2200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Adm: 10-18-44 (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2615 Baldwin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLMAN, Gussie J.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 493-01-4389

4. Sex M 0

5. Color or race White

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mrs. Mathilda Willman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. 27, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	-	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business -

FATHER
12. Name August Willman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Minnie Bille
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Vet. Adm. Records

(b) Address Jefferson Barracks, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 30-1944 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEMETERY

18. (c) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4822 NATURAL BRIDGE BLVD

19. (a) OCT 30 1944 (Date received local registrar) (b) E. D. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1944 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from October 18, 1944, to October 27, 1944
that I last saw him alive on October 27, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PNEUMONIA, LOBULAR, BILATERAL WITH ABSCESS AND GANGRENE. RT. LUNG	UNK
Due to TUMOR OF MEDIASTINUM MALIGNANT	UNK
Due to TUMOR OF BRAIN METASTATIC	UNK.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy Yes

47 f

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

Signature [signature] F. A. GERMAN, Chief Med. Officer (M. D. XXXX)

Address VAF-Jefferson Brks., Mo. Date signed 10-27-44

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1944

OCT 3 4 1945

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.