S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3672

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2880

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes for Aged 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mo 25 day (Specify whether years, months or days)
In this community Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 747 S. 3rd (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Willmars
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 4, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	18	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation —
11. Industry or business —
MOTHER FATHER
12. Name Fred Willmersn
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Pine Crest Homes
(b) Address Ballwin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 25 /45 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director McLaughlin Und
(b) Address 2301 Lafayette Ave.
19. (a) JAN 25 1945 (Date received local registrar) (b) E. L. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1945 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from October 29th, 1944, to Jan 22, 1945 that I last saw her alive on Jan 21st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Intestinal Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis, Arterio Sclerosis	
Major findings: Of operations	
Of autopsy 131a	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. N. Jensen (M. D. ~~or other~~)
Address Winchester Mo Date signed 1/22/45

(Licensed Embalmer's Statement on Reverse Side)

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 L. C. Cooper

Licensed Embalmer No. 3688

P. O. Address 2317 Lafayette

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.