

**FILED MAR 13 1946**  
Registration District No. **510**

Primary Registration District No. **3058**

Registrar's No. **33**

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

1. PLACE OF DEATH:  
 (a) County **St. Charles**  
 (b) City or town **St. Charles**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Joseph Hospital 0**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
 (Specify whether  
 In this community, \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **Henry Herman Willbrand**  
 3. (b) If veteran, name war **NIL**  
 3. (c) Social Security No. **NIL**

4. Sex **Male 0** 5. Color or race **white**  
 6. (a) Single, married, divorced, **Married**  
 6. (b) Name of husband or wife **Caroline (Jaspering) Willbrand**  
 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **August 16, 1871**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>5</b>	<b>27</b>	hr. _____ min.

9. Birthplace **St. Charles County, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_  
 12. Name **William Willbrand**  
 13. Birthplace **Hereford Bielerfeld-Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Caroline Beumer**  
 15. Birthplace **New Melle Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Caroline Willbrand**  
 (b) Address **R.R. 3, St. Charles, Mo.**

17. (a) **burial** (b) Date thereof **Feb 17-1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Trinity Lutheran Cem Orchard Farm, Mo.**

18. (a) Signature of funeral director **H. C. Dallmeyer & Co**  
 (b) Address **800 N. 2nd St. Charles, Mo.**

19. (a) **Feb 18-46** (b) **Fannie Houston**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **St. Charles**  
 (c) City or town **"Rural" St. Charles Twsp**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R.R. 3 Box 140**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **13**  
 year **1946** hour **11:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **Feb 4** 19**46** to **Feb 13** 19**46**  
 that I last saw h. **alive on Feb 13** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** **10 days**  
 Duration

Due to **Hypertension** ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1**

Major findings: **gzw**  
 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?  
 \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed **2-18-46**

17  
9  
3

5825

22 x 4

APR 18 1955

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-12-46

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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.....

*Philip A. Micali*

....., Registered Apprentice No. 388

working under my personal supervision.

Signed

*John D. Dalhrymer*

Licensed Embalmer No. 295-1

P. O. Address St Charles 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.