

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29462

State File No.

Registrar's No. 119

Registration District No. 10

Primary Registration District No. 3002

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

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
316 West Pearson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain 4
 (c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 316 West Pearson 2
(If rural, give location)
 (e) Citizen of foreign country? no 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura Elizabeth Willenbrink
 3. (b) If veteran, name war none
 3. (c) Social Security No. noe

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife August Willenbrink
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 24 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	8	22	_____ hr. _____ min.

9. Birthplace Warren County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Helmech
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Heneke
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Willenbrink

(b) Address Mexico, Missouri

17. (a) burial (b) Date thereof 9 4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery

18. (a) Signature of funeral director Paul E. Pugh

(b) Address Mexico, Missouri

19. (a) Sept 4-1946 (b) B. Panch Nedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 1
 year 1946 hour 8 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 8:10 P.M. Sept 1 1946 to 8:15 P.M. Sept 4 1946
 that I last saw her alive on Sept 1 1946, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block
 Due to Coronary thrombosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 94A
 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 R. W. Van Housen
 Address Mexico, Mo Date signed 9-4-46

RECEIVED
District Health Officer No. 10
District File Number 9-46-1729
Date Filed SEP 11 1946

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, Missouri.....

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.