

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39643**
04568

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. _____

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) 20 YRS.		4. STREET ADDRESS (If rural, give location) 7918 Kingsbury Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7918 Kingsbury Ave.		5. STREET ADDRESS (If rural, give location) 7918 Kingsbury Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) CORA	b. (Middle) B.	c. (Last) WILLECKEN	4. DATE OF DEATH (Month) (Day) (Year) NOV 30 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-9-1875	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months 5	# UNDER 1 YEAR Days 21	# UNDER 1 YEAR Hours 	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. COUNTRY OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Charles Taake	13b. MOTHER'S MAIDEN NAME Nancy McCormick	14. NAME OF HUSBAND OR WIFE Arthur D. Willecken.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carma Schramm, 7918 Kingsbury Ave., University City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		3 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma cervix uteri		1 yr
	DUE TO (c)		171X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/14, 1945**, to **11/30, 1949**, that I last saw the deceased alive on **11/30, 1949**, and that death occurred at **11:45A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) [Signature]	23b. ADDRESS 671 E Big Bend - Webster Grove	23c. DATE SIGNED 12/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 12-3-1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. 12-1-49	REGISTRAR'S SIGNATURE Herbert R. Womke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, 7150 Manchester Ave., Maplewood 17, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. H. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.