

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25500**  
Registrar's No. **5508**

FILED JUL 13 1951  
BIRTH NO. **41019-51**

318

1003

REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ST. LOUIS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>11-DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. ANN'S VILLAGE 4071</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>10221 ST. CATHERINE</b>	

3. NAME OF DECEASED (Type or Print) <b>THOMAS</b>	a. (First)	b. (Middle) <b>W. WILLENBERG</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE-17-1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>JUNE-6-1951</b>	9. AGE (In years last birthday) <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS - MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>

13a. FATHER'S NAME <b>RICHARD WILLENBERG</b>	13b. MOTHER'S MAIDEN NAME <b>PATRICIA RYAN</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard Willenberg</b>	ADDRESS <b>10221 St. Catherine</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningocele</b>		
	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	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? <b>757X</b>
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22. I hereby certify that I attended the deceased from **6-6**, 1951, to **6-17**, 1951, that I last saw the deceased alive on **6-17**, 1951, and that death occurred at **11:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kenneth Larsen M.D.</b> (Degree or title)	23b. ADDRESS <b>607 N. Grand Ave.</b>	23c. DATE SIGNED <b>6-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-19-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>JUN 18 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Tanner</b> ADDRESS <b>6107 Natural Bridge</b>
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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 W. W. Wilkiner

Licensed Embalmer No. 3575

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.