S. No. 300
. 10.48

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29131

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 163

#1

1. PLACE OF DEATH
a. COUNTY: ST CHARLES 0423 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. CHARLES, 0925 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
d. STREET ADDRESS (If rural, give location): 818 JEFFERSON

3. NAME OF DECEASED (Type or Print)
a. (First): PHOEBE
b. (Middle): A
c. (Last): WILLBRAND

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Feb - 10 - 1880
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. CHARLES, MO
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: CASPER WILLBRAND
13b. MOTHER'S MAIDEN NAME: LOUISE LAGING
14. NAME OF HUSBAND OR WIFE: — — — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: HERBERT WILLBRAND
ADDRESS: ST. CHARLES MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardia - vascular Hypertensive disease — 18 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 8-12, 1952 *that I last saw the deceased alive on* 8/12, 1952, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Kister MDO
23b. ADDRESS: St Charles, Mo
23c. DATE SIGNED: 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-15-1952
24c. NAME OF CEMETERY OR CREMATORY: LUTHERAN CEMETERY
24d. LOCATION (City, town, or county) (State): ST. CHARLES. MO

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Louise Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE: Hackmann - Bane
ADDRESS: St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Charles F. Mackee

Licensed Embalmer No. 4530

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.