

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14574**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **8226**

40004

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

1. PLACE OF DEATH a. COUNTY St. Louis, Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
c. LENGTH OF STAY (in this place) 5 mo.		d. STREET ADDRESS (If rural, give location) Edison Hotel, 107 N. 18th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED (Type or Print) Phillip Willich			4. DATE OF DEATH March 20 1954		
a. (First)	b. (Middle)		c. (Last)		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	
8. DATE OF BIRTH May 9, 1880		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Louis Willich		13b. MOTHER'S MAIDEN NAME ? Grandgean		14. NAME OF HUSBAND OR WIFE Unknown	
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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. 499-12-1218a		17. INFORMANT'S SIGNATURE OR NAME Pine Crest Nursing Home, Manchester	
				ADDRESS	

19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation.			DUE TO (b) Chronic myocarditis			1 day
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (c) Osteo of right hip.			2 yrs.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						1 yr.

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) m.		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 **Oct. 22, 1953**, to **Feb. 10, 1954**, that I last saw the deceased alive on **Feb 19, 1954**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Kirkwood 22, Missouri		23c. DATE SIGNED 3-20-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) ANA Local #1		24b. DATE 4/1/54		24c. NAME OF CEMETERY OR CREMATORY Antoine	
				24d. LOCATION (City, town, or county) (State) Rowland Mortuary Service	

DATE REC'D BY LOCAL REG. 3/31/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Rowland Mortuary Service ADDRESS 1100 N. 18th St. St. Louis, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Felix Husband

Licensed Embalmer No. 3084

P. O. Address Kirkwood 22 rd

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.