

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35028

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 4452 Registrar's No. 29

1. PLACE OF DEATH <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St Charles</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>	d. STREET ADDRESS (If rural, give location) <u>0920</u>
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Phillip</u>	b. (Middle) <u>Alois</u>	c. (Last) <u>Willerding</u>	<u>Oct 23 1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 22-1894</u>
9. AGE (In years last birthday) <u>70</u>	10. MONTH <u>1</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gilmore</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>add-kind-day laborer-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gilmore</u>	
13a. FATHER'S NAME <u>August Willerding</u>	13b. MOTHER'S MAIDEN NAME <u>Antoinette Boettaer</u>	14. NAME OF HUSBAND OR WIFE <u>Janes Boehle Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-01-8170</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elvera Kuhnitz</u> ADDRESS <u>Wentzville Mo</u>	

18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>8 years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) <u>Arteriosclerosis</u>		
		DUE TO (c)		
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"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/25, 1946, to 10/23, 1954, that I last saw the deceased alive on October 23 1954, and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Bergesen M.D.</u>	23b. ADDRESS <u>Wentzville Mo</u>	23c. DATE SIGNED <u>10-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Patricks</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>
DATE REC'D BY LOCAL REG <u>Oct 30 1954</u>	REGISTRAR'S SIGNATURE <u>Alvin F. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pittman</u> ADDRESS <u>Funeral Home Wentzville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0920

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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 \_\_\_\_\_

*Saulter F. Pitman*

Student Embalmer No. 497

working under my personal supervision.

Student *Saulter F. Pitman*  
Student Embalmer

Signed *Arnette M. Pitman*

Licensed Embalmer No. 3055

P. O. Address \_\_\_\_\_

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.

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