

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21625

FILED JUL 9 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERBERT</u>	b. (Middle) <u>G</u>	c. (Last) <u>WILLBRAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Casper Willbrand</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Laging</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Marie Hettich</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Willbrand, Rt. 3, St. Charles, Mo.</u>	ADDRESS <u>St. Charles, Mo.</u>
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18. 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, asthma, 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) <u>Gastric hemorrhage (gastric ulcer)</u>		<u>2 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Advanced cirrhosis of liver</u>		<u>5 yrs.</u>
DUE TO (c) <u>Arteriosclerotic cardio vascular disease</u>		<u>6 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4-28-47, 19, to 6-30-56, 19, that I last saw the deceased alive on 6-30-56, 19, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Lauer M.D.</u>	23b. ADDRESS <u>114 N. Main St., St. Chas. Mo.</u>	23c. DATE SIGNED <u>7-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 3 1956</u>	REGISTRAR'S SIGNATURE <u>Fannie Hammett</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Rowe</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1962

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.....
Signature of Student Embalmer

Signed *Clarence M. Bills*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.