

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39925**
Registrar's No. **9773**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **2 wks.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Park Lane Hospital** e. STREET ADDRESS (If rural, give location) **3029 St. Vincent**

3. NAME OF DECEASED (Type or Print) a. (First) **Ella** b. (Middle) **L.** c. (Last) **Willerding** 4. DATE OF DEATH (Month) (Day) (Year) **10 25 56**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Dec. 16, 1889** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and State or Foreign Country) **Foristel, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Herman Kronsbein** 13b. MOTHER'S MAIDEN NAME **Johanna Krueger** 14. NAME OF HUSBAND OR WIFE **Louis Willerding**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Gilbert Willerding 5111 Exeter**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Angina Pectoris**
ANTECEDENT CAUSES **Obesity**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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. **Vertical Hemera**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION **10-12** 19b. MAJOR FINDINGS OF OPERATION **Vertical Hemera** 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) **420.2**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **9-5, 1956** to **10-25, 1956** that I last saw the deceased alive on **10-25, 1956** and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **P. G. Cappel M.D.** (Degree or title) 23b. ADDRESS **3284 Franklin Ave** 23c. DATE SIGNED **10-26-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10/27/56** 24c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **OCT-26 1956** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Drehmann-Harral 1905 Union**

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

Dr. P. B. Cappel
3284 Ivanhoe
M1. 5-2502

Hrs. Between 10:30-11:00 AM
Fri. 26th

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

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