

16445
S. No. 2
-11-10-39
5-17-39
PI X2102

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16540

State File No. _____

JUN 15 1940 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4018

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 6 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Blanche Willman 455

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 6. Color or race White 5. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 16, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name of father William Konrath

13. Birthplace of father St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name of mother Friedelein Schaffner

15. Birthplace of mother Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Muller
(b) Address 2242 Jules St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director J.F. Bechtel
(b) Address 2331 S. Broadway

19. (a) MAY 3 1940 (b) J.F. Bechtel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2242 Jules
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 27, 1940 to May 3, 1940

that I last saw her alive on May 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis
Carcinoma of lung

Due to _____
Due to _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature of physician H. J.
Address _____
Date signed _____
Physician Underline the cause to which death should be charged statistically.

24. Signature of registrar J.F. Bechtel
Address 1515 Lafayette
Date signed 5/3/40

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert White

Licensed Embalmer No. 2178

P. O. Address St Louis 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, above space should be left blank.