

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 5182

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mos. 4 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Sisters of the Poor  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12,  
year 1940 hour 7:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from May  
8, 1940 to June 12, 1940  
that I last saw her alive on June 12, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Dengue of Rt. Foot Duration \_\_\_\_\_

8. (a) PRINT FULL NAME Caroline Willmering 456

8. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Theodore Willmering 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased June 10 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name John Ottenlips

18. Birthplace Germany (State or foreign country)

14. Maiden name Adeline Voss (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Theo. Willmering

(b) Address 2914a Hebert

17. (a) Burial (b) Date thereof June 15 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director P. MacHenry

(b) Address 4746 W. Florissant Ave.

19. (a) JUN 14 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Due to Diabetes Mellitus

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
Include pregnancy within 3 months of death Senile Dementia

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 6/13/40

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

MOTHER FATHER

**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 Guy W Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.**