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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27403

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7299

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, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 26
(If outside city or town limits write "RURAL")

(d) Street No. 920 a Tyler St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME George A. Willmann 455

8. (b) If veteran, name war None

3. (c) Social Security No. 332-72-0382.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 21st (Day) 1884 (Year)

8. AGE: Years 55 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Belleville, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Herkert Meisel Trunk Co.

FATHER
12. Name Charles Willmann
13. Birthplace Don't Know. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Addie Schmidt.
15. Birthplace New Haven, (City, town, or county) Conn. (State or foreign country)

16. (a) Informant Mrs Jane Willmann
(b) Address 920 a Tyler St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Brockland Undt Co
(b) Address 1827 Hogan St.

19. (a) AUG 30 1940 (Date received by registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28, year 1940 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from August 24, 1940 to August 28, 1940 that I last saw him alive on August 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pharynx with metastases	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Nature of injury

23. Signature Wm K. Elliott (M. D. or other)
Address 1515 Lafayette Ave., Date signed 8/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Lappe

Licensed Embalmer No. 2971

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.