No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36288

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1939

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

1. PLACE OF DEATH
(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days 1
(Specify whether
In this community about 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 Bremerton Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lena Willecken

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August F Willecken

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

7. Birth date of deceased June (Month) 1 (Day) 1848 (Year)

8. AGE: Years 92 Months 4 Days 12 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country) 1

10. Usual occupation Nil 6

11. Industry or business 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Arthur D Willecken
(b) Address 2517 Bremerton Rd Rock Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Bell fontaine

18. (a) Signature of funeral director Louis H Bopp
(b) Address Kirkwood Mo

19. (a) OCT 14 1940 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-8-40, 19__, to 10-13-40, 19__;
that I last saw her alive on 10-13-40, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	3 days
Due to	
Due to 108	
Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death)	8 days

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) Means of injury

23. Signature B. G. Stuhlman (M. D. or other) 1
Address St Louis Co Hosp Date signed

(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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.