

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Little Sisters of Poor 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Theresa Willmer**

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

4. Sex **F.** / 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.** / **O.**

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

7. Birth date of deceased **May 26th., 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	9	15	hr. _____ min.

9. Birthplace **Old Mine** **O Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Felix Willmer**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Elenore Coleman**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Jeane**

(b) Address **3225 N. Florissant**

17. (a) **Burial** (b) Date thereof **3-13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eastus Mo.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 12 1941** (b) **J. W. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **00020**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 N. Florissant Ave. 5**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11th.**
year **1941** hour **6** minute **0** M.

21. I hereby certify that I attended the deceased from **March 2, 1941** to **March 11, 1941**
that I last saw her alive on **March 10, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage (Apoplexy)** Duration **8 days**

Due to **J.W.**

Due to **J.W.**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **J.W.**
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? _____

While at work? _____ (Specify type of place) (c) Manner of injury _____

23. Signature **Anthony A. Breckner M.D.** (M. D. or other)
Address **1525 a Cass Ave** Date signed **3/11/41**

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

0
7
9

FILED APR 21 1941

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

W Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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, fact should be so stated above.