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No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9352

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2762

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7

(c) City or town St. Louis 200
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5746 Goodfellow 9
(If rural, give location)

(e) Citizen of foreign country? ------ (Yes or No)

If yes, name country 0 ------

3. (a) PRINT FULL NAME Lena Villiger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Casper Villiger

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

7. Birth date of deceased June 6, 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Bellville, Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Frederick Linne
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Jost
(b) Address 5746 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Bromschwig Und Co.
(b) Address 4746 W. Florissant Ave.

19. (a) MAR 28 1941 (Date received local registrar) (b) J. N. Bledeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1941 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1941, to March 26, 1941 that I last saw her alive on March 26, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage c Left Hemiplegia	
Due to Senile Psychosis	
Due to Cerebral Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

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 H. L. Bowles (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

F17426

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 Wilkerson

Licensed Embalmer No. 3575

P. O. Address.....

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.