DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16597

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4115

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital ( ) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ months (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 (If outside city or town limits, write "RURAL")

(d) Street No. 3520 Chippewa St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sister M. Hilaria (Mary Willems)

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 24 1900 (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Kenosha, Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business

FATHER 12. Name Peter Willems

13. Birthplace Kenosho, Wisconsin (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary Grosch

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

16. (a) Informant's own signature Sister M. Ludgera, Sec.

(b) Address 3520 Chippewa St. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gibbons Funeral Co.

(b) Address 2842 Meramec St.

19. (a) MAY 16 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to May 14, 1941, that I last saw her alive on May 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Brain Tumor — Duration unknown

Due to: Non Malignant

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Brain Tumor

Of autopsy: Brain Tumor — Spongio-Blastoma

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 N. A. Schneider (M. D. or other) OWD

Address 3318 S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Missouri

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.