V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6011

State File No.

Primary Registration District No. 3010

Registrar's No. 59.

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo Hospital O (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: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

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3. (a) PRINT FULL NAME: Charles J. Willer
3. (b) If veteran, name war: —
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bessie Unger
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: July (Month) 1, (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	18	hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Engineer at Southeast Mo
11. Industry or business: Hospital

FATHER
12. Name: Henry A. Willer
13. Birthplace: Gerdanville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Anna Weltz
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs Bessie Willer
(b) Address: Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimier Cemt.
18. (a) Signature of funeral director: L. L. Hamman
(b) Address: Cape Girardeau, Mo.
19. (a) 2-26-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th year 1943 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from 2/14 1943 to 2/19 1943 that I last saw him alive on 2/20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis Femoral both legs
Due to: varicosities
Due to:
Other conditions (Include pregnancy within 3 months of death): 99.1
Major findings: Of operations:
Of autopsy:

Duration

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: O. Herbaugh (M. D. ~~or other~~)
Address: Cape Girardeau Mo Date signed 2/21/43

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101 T (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1909

Date Filed 3-8-43

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

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.