

FILED MAR 25 1943 318  
Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. .... 2409

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **Saint Louis, Missouri.**

(c) Name of hospital or institution:  
**2115 Cherokee Street.**

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri.** (b) County.....

(c) City or town..... **Saint Louis,** (If outside city or town limits, write "RURAL.")

(d) Street No..... **2115 Cherokee Street.** (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **Paul Willman**

3. (b) If veteran, name war.....

(c) Social Security No. .... **488-09-4028.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th,** year **1943.** hour **12** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Feb. 15,** 1942, to **March 12,** 1943, that I last saw him alive on **3-12,** 1943, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, widowed..... **Divorced Widowed.**

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

7. Birth date of deceased **October 7th, 1875.** (Month) (Day) (Year)

Immediate cause of death..... **Coronary thrombosis**

Duration **2 hrs.**

8. AGE: Years Months Days If less than one day

**67** **5** **5** ..hr. min.

Due to **Hypertension** **1**

Due to **Senility** **1**

9. Birthplace..... **Saint Louis, Missouri.** (City, town, or county) (State or foreign country)

Other conditions..... (Include pregnancy within 3 months of death)

10. Usual occupation..... **Laborer**

Major findings: Of operations.....

11. Industry or business.....

12. Name..... **Willman**

13. Birthplace..... **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** (City, town, or county) (State or foreign country)

Of autopsy.....

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)

(e) Means of injury.....

16. (a) Informant..... **Roy Willman**

(b) Address..... **3313/South 13th, Street.**

23. Signature..... **L. F. Murray** (M. D. or other)

Address..... **900 - Russell** Date signed **3-13-43**

17. (a) (b) Date thereof..... **March 15, 43.** (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus Cemetery.**

18. (a) Signature of funeral director..... **Ziegenhain Bros.**

(b) Address..... **6409 Gravois Ave.**

19. (a) **MAR 12 1943** (Date received local registrar)

**J. F. Budeck** (Registrar's signature)

**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 Juddie A. Juegenheim  
Licensed Embalmer No. 2270  
P. O. Address 6409 Groves

**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.**