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FILED JUN 2 5 39 48  
Registration District No. 1003

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 5536

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:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Willmann

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rudolph Willmann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 9 1882  
(Month) (Day) (Year)

8. AGE: Years 61-57 Months 0 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Owensville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework  
(a) Name Edward R Holt

(b) Birthplace Missouri  
(City, town, or county) (State or foreign country)

(c) Maiden name Mary Willson  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. Informant's own signature Jeanne Harper  
(b) Address R R # 4 Murphysboro, Ill.

17. (a) Cremation (b) Date thereof 6-17-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister Holt Co.  
(b) Address 6464 Chinwood St. Louis Mo.

19. (a) June 19 1943 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 09  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5537 Pershing  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14  
year 1943 hour 3:35 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Right Kidney

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 6-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

MOTHER FATHER

Embalmers - 4 years.

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**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.....

Paul W. Shanklin....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul W. Shanklin.....

Licensed Embalmer No. 3472.....

P. O. Address. 646 + Chippewa.....

**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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No.....

State of Mo }  
City of St. Louis } ss.  
County of St. Louis }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this..... day of October, 1943, before me appears.....

Jeane Harper, who, upon her oath, states that the original record of <sup>birth</sup>~~death~~

for Elizabeth Willman died June 14, 1943 in the State of

Missouri, and which was filed at unknown on 1943, should be corrected as follows:

Item No. 7 should read "Date of Birth of said deceased June 9, 1882"

Instead of June 9, 1886

Item No. 8 should read "Age at time of death 61 years, 5 days "

Instead of 57 years

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Jeane Harper Adopted Daughter  
Relationship.

2848 Michigan Ave.,  
St. Louis, Mo.

Present Address.

Subscribed and sworn to before me this 18<sup>th</sup> day of October, 1943

My Commission expires My Commission Expires Nov. 27, 1943 [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

20169