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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19352

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5534

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

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. Louis City Hospital
(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 10 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 090

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

(d) Street No. 1108 N. 11th St. 25
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Margaret Willman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe-1

5. Color or race W.

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 May (Month) 5 (Day) 1874 (Year)

8. AGE: Years 71 Months 1 Days 210 If less than one day hr. min.

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

10. Usual occupation Telegraph Operator

11. Industry or business Western Union 15 Yrs Ago

FATHER
12. Name Henry Willmann
13. Birthplace Cole Camp. (City, town, or county) Mo (State or foreign country)

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

16. (a) Informant J. H. Willmann
(b) Address 1108 N. 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) JUN 26 1945 (Date received local registrar) J. F. Bradesk (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 25th year 1945 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from 6/18/45, 19, to 6/25/45, 19; that I last saw her alive on 6/25/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	
Due to metastatic carcinoma Primary site	
Due to not determined	
Other conditions (Include pregnancy within 3 months of death) 55 l	

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 0

23. Signature Cornelia E. Motley (M. D. ~~or other~~)
Address 1515 Lafayette 6/25/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1926 N. Lorain

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.