

**FILED MAR 20 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 11822

11822

2321

Registrar's No.

8-43  
5-17-39  
I X37823

Registration District No. 318

Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3603 S. Jefferson Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

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

Mae Willman

3. (b) If veteran, name war.....  
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3. (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife.....  
Edward T. Willman  
6. (c) Age of husband or wife if alive..... 59 years

7. Birth date of deceased..... May 6 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 58 10 3 hr. min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business.....

12. Name August Tebeau

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

14. Maiden name Mary Molso

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

16. (a) Informant Edward T. Willman

(b) Address 3603 S. Jefferson Av

17. (a) Burial (b) Date thereof March 11 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Pater and Paul

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

(b) Address 6409 Gravois Ave

19. (a) MAR 10 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3603 S. Jefferson Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9th day March  
year 1946 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1946, to March 9, 1946  
that I last saw h.e. alive on March 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of lung Duration 3 mo.

Due to.....  
Specinoma of uterus 5 year

Other conditions (Include pregnancy within 3 months of death)  
None

Major findings: Of operations None

Of autopsy None

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) ( ) Means of injury 0

23. Signature Julius C. F. Kelly M.D. (M. D. or other) M.D.

Address 2603 Cherokee St. Date signed 3-9-46

**ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED**

Underline the cause to which death should be charged statistically.

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

10733A

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Homer W. Fritz* .....  
Licensed Embalmer No. *3882* .....  
P. O. Address.....

**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.**