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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14327

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

FILED APR 22 1946  
Registration District No. 377

Primary Registration District No. 3064

Registrar's No. 866

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
10 Dellwood Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Dellwood Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman W. J. Willmann

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1946 hour 1:35 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Willmann 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 22, 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1, 1945 to April 15, 1946

that I last saw him alive on April 15, 1946 and that death occurred on the date and hour stated above.

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

73 0 23 hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Edema

Due to Cerebral hemorrhage

Arterio Sclerosis

Due to \_\_\_\_\_

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

93.D.

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

10. Usual occupation Retired

11. Industry or business Real Estate

12. Name Nicholas Willmann

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

14. Maiden name Unknown

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

16. (a) Informant Wilton Willmann

(b) Address 10 Dellwood Ave.

17. (a) Burial (b) Date thereof Apr. 15, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Home \_\_\_\_\_  
4828 Natural Bridge Blvd.

(b) Address \_\_\_\_\_

19. (a) 4-18-46 (b) E. M. Baran  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature W. C. McHenry (M. D. or other) \_\_\_\_\_  
Address 1454 8th St. St. Louis Date signed 4/16/46

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

MOTHER FATHER

4548 NANCY  
2. PM

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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 John A. Melina  
Licensed Embalmer No. 4186  
P. O. Address St. Louis 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.**