

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33360**  
Registrar's No. **2067**

Registration District No. **327** Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Normandy**  
(c) Name of hospital or institution: **O'Sullivan's Nursing Home**  
(d) Length of stay: **1 Month, 10 days**  
In this community **10** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis 96**  
(c) City or town **Maryland Heights**  
(d) Street No. **25 Lansing Avenue**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Freda J. Willach.**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **1st.** year **1947** hour **9** minute **15 A.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Ernest Willach.**  
6. (c) Age of husband or wife if alive **Dec'd** years  
7. Birth date of deceased **September 22, 1874.**

21. I hereby certify that I attended the deceased from **Aug 21** 19**47** to **October 1** 19**47**  
that I last saw her alive on **Sept 30** 19**47**  
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **0** Days **9** If less than one day hr. min.

Immediate cause of death **Cerebral hemorrhage** Duration **3 mos.**  
Due to **Arteriosclerosis**  
**Cardiovascular disease** **6 yrs**

9. Birthplace **St. Louis, Missouri.**  
10. Usual occupation **Housewife**

Due to **93d**  
Other conditions **Pneumophyema**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **George Spoerl.**  
13. Birthplace **Germany.**  
14. Maiden name **Barnara Helgoth.**  
15. Birthplace **Germany.**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Mr. George H. Spoerl.**  
(b) Address **R. R. 1 Robertson, Missouri.**  
17. (a) **Cremation** (b) Date thereof **10-3-1947.**  
(c) Place: burial or cremation **Oak Grove Crematory.**  
18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**  
(b) Address **5966-68 Easton Avenue**  
19. (a) **10-6-47** (b) **Carla J. Hays**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **Louis Littman** (M. D. or other) **MD**  
Address **9231 Clayton Rd** Date signed **10/1/47**

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

Dr. Lewis E. Littman.  
8231 Clayton Road.  
Hours 3 to 5 P.M.  
Parkview 0202

---

---

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 *Clement McNeary*.....

Licensed Embalmer No: *3732*.....

P. O. Address *St. Louis*.....

**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.