

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43143

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4793

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood 22</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>335 West Rosehill</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>	a. (First)	b. (Middle) <u>WILLMING</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 29, 1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR (Month) (Day) (Hour) <u>7 28</u>	IF UNDER 11 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>odd jobs</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert Willming</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Willming</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Mark</u>	ADDRESS <u>335 W. Rosehill, Kirkwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral concussion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr.</u> <u>FC104</u> <u>27</u> <u>6 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hemorrhagic lung</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. TRACKS</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>DEC. 27, 1949 10:29</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>STRUCK BY TRAIN</u>
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22. I hereby certify that I attended the deceased from 12-27-1949 to 12-27-1949, that I last saw the deceased alive on 12-27-1949, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Hacker, M.D.</u>	(Degree or title)	23b. ADDRESS <u>601 Brentwood Clayton</u>	23c. DATE SIGNED <u>12-30-49</u>
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24a. BURIAL CREMATION/REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/28/49</u>	REGISTRAR'S SIGNATURE <u>Robert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u>	ADDRESS <u>Kirkwood, Missouri</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

96 222 J

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**