

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28884

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2048

1. PLACE OF DEATH  
a. COUNTY St Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton  
c. LENGTH OF STAY (in this place) 1 HR.  
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4452  
d. STREET ADDRESS (If rural, give location) 7737 Carondelet 0

3. NAME OF DECEASED (Type or Print)  
a. (First) Henry b. (Middle) c. (Last) Willmann  
4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1950

5. SEX male 0 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /  
8. DATE OF BIRTH Feb 28, 1887 9. AGE (In years) (Months) (Days) (If under 1 year) (If under 1 hr.) 65 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Auto 11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Willmann 13b. MOTHER'S MAIDEN NAME not known 14. NAME OF HUSBAND OR WIFE Emily Willmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY 489-12-1691 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily Willmann 7737 Carondelet

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 8-24-50<sup>9:35</sup> to 8-24-50, 1950, that I last saw the deceased alive on 10:35pm<sup>8:30</sup>, 1950, and that death occurred at 10:35pm., from the causes and on the date stated above.

23a. SIGNATURE Herman C. Ross (Degree or title) M.D. 23b. ADDRESS St. Louis County Hosp 23c. DATE SIGNED 8-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/28/50 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St Louis, Mo.

DATE REC'D BY LOCAL REG. 8-28-50 REGISTRAR'S SIGNATURE Herbert R. ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois

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

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
*Frank J. Owen*

Licensed Embalmer No. *2245*  
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.**