

No. 300
10. 48

DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 6076

State File No. 43239

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6276 Registrar's No. 3010

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Spencer	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) St. Meinard's Abbey	
c. LENGTH OF STAY (In this place) 19 yrs. 9		OR TOWN 8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Sanitarium		d. STREET ADDRESS (If rural, give location) St. Meinard, Indiana	

3. NAME OF DECEASED (Type or Print)	a. (First) Brother	b. (Middle) Maurus	c. (Last) Villinger	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 23, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gipf, Canton Argau, Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unavailable	13b. MOTHER'S MAIDEN NAME Unavailable	14. NAME OF HUSBAND OR WIFE Esser Superior- Abbot Ignatius
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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 NO. None	17. INFORMANT'S SIGNATURE OR NAME St. Meinrad's Abbey, St. Mein, rd, Indiana	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs + " " 2 mo. 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Essential. DUE TO (c) Arteriosclerosis, Generalized		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Schizophrenia, deteriorated			

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) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1948, to Dec 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 3:40 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Bauert M.D.	23b. ADDRESS 457 N. Kingshighway	23c. DATE SIGNED 12/12/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-13-50	24c. NAME OF CEMETERY OR CREMATORY Evansville, Indiana	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 12/13/50	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. M. Binkley*
Licensed Embalmer No. *13153*

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.