

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3915

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 173

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION 6007 Carnegie St. (home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

d. STREET ADDRESS (If rural, give location) 6007 Carnegie St.

3. NAME OF DECEASED (Type or Print)

a. (First) JOSEPH b. (Middle) _____ c. (Last) WILLENGER

4. DATE OF DEATH (Month) (Day) (Year) 2 16 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 10-4-1874 9. AGE (In years) (Month) (Day) (Hour) (Min.) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooper

10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.

11. BIRTHPLACE (State or foreign country) Switzerland

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Willenger 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Gertrude Willenger (dead)

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 487-09-1578 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles McKinzie, 6009 Carnegie

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus Cerebral Neurorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH 3 3/4

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

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

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 2-1-1951 to 2-16-51 that I last saw the deceased alive on 2-1-51, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. B. Quincous M.D. 23b. ADDRESS St. Joseph Mo 23c. DATE SIGNED 2-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-19-1951 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Feb 19, 1951 REGISTRAR'S SIGNATURE Carl C. Curtis 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

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

0167
2647

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, ~~by~~

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Allan E. Boyer*

Licensed Embalmer No. *4995*

P. O. Address *St. Joseph, 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.