

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6814
1150

FILED FEB 16 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) Arnold, Missouri	
c. LENGTH OF STAY (In this place)		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) R.R. 1 Box 323	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bernard	b. (Middle) J.	c. (Last) Willloh	(Month) February	(Day) 3,	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 29, 1919		9. AGE (In years last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bread Salesman		10b. KIND OF BUSINESS OR INDUSTRY Colonial Baking Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
13a. FATHER'S NAME Bernard H. Willloh		13b. MOTHER'S MAIDEN NAME Anna Fresenburg		14. NAME OF HUSBAND OR WIFE June Willloh	

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. 494-09-2294		17. INFORMANT'S SIGNATURE OR NAME Bernard H. Willloh	
				ADDRESS 5032 Ulena St.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min. 8 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cc. dilation of heart</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic heart</i>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H/6X</i>	

22. I hereby certify that I attended the deceased from *Jan 20*, 1951, to *Feb 3*, 1951, that I last saw the deceased alive on *2-3*, 1951, and that death occurred at *4:10 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Erwin A. Pennington M.D.</i>		23b. ADDRESS <i>752 Lemay, St. Louis, Mo.</i>		23c. DATE SIGNED <i>2-3-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/6/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter & Paul Cem.</i>	
				24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	

DATE REC'D BY LOCAL REG. <i>FEB 5 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gebken-Benz Mortuary</i>	
				ADDRESS <i>2842 Meramec St.</i>	

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

[Handwritten signature]

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed..... *Joe D. Benz*

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 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.