

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11176
Registrar's No. 821

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Meramec Twshp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Meramec Twshp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ossenfort R₆</u> | | d. STREET ADDRESS (If rural, give location) <u>Ossenfort Road</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Willming</u> c. (Last) <u>Willming</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1951</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>Married</u> | 8. DATE OF BIRTH <u>Nov. 27, 1890</u> | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Robert Willming</u> | 13b. MOTHER'S MAIDEN NAME <u>Josephine Willming</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Coyle Willming</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Willming, Glencoe Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Strangulation by ligature</u> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation by ligature</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>974X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Melrose St. Louis Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/29/51 8:30^A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>Self-inflicted strangulation</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann, Coroner</u> | 23b. ADDRESS <u>Clayton, Mo.</u> | 23c. DATE SIGNED <u>3/30/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 31, 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u> | 24d. LOCATION (City, town, or county) (State) <u>Pond, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/30/51</u> | REGISTRAR'S SIGNATURE <u>Hubert R. Lomke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u> |
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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.

Student Embalmer No.....

Signed.....

Theo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Pa.*

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.