

FILED JUL 6 - 1951

## STANDARD CERTIFICATE OF DEATH

21508

State File No. 5260

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 8 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hanley Gardens. 4280					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 7232 Ruddy Lane					
3. NAME OF DECEASED a. (First) Minnie			b. (Middle)			c. (Last) Willem			
4. DATE OF DEATH June 7th, 1951			5. SEX Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Dec. 9th, 1877			9. AGE (In years, last birthday) 73			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William Strathmann			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE William Willem			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No None			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME William Willem, 7232 Ruddy Lane			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, asthma, etc. It means the disease, injury, or complication which caused death.			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma 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. Hypertension			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			
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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 199X			
22. I hereby certify that I attended the deceased from May 19, 1951, to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 2:45 A.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 6/11/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUN 8 1951 J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feuts, 4828 Natural Bridge Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

Signed *John A. Melina*

Licensed Embalmer No. *4186*

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.