

FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3471

State File No. 579
Registrar's No. 0579

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 20 d. STREET ADDRESS (If rural, give location) 2209 3 2209 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2203 Salisbury Avenue		d. STREET ADDRESS 2203 Salisbury	
3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) A c. (Last) WILLMERING			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH November 22 1886
9. AGE (In years last birthday) 85		10. MONTHS 1	11. DAYS 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
13a. FATHER'S NAME Henry Ebeling		13b. MOTHER'S MAIDEN NAME Catherine Horrman	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Catharine T Willmering	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility & Vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Arteriosclerosis DUE TO (c) Senility 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 checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 334X		22. I hereby certify that I attended the deceased from Jan 19, 1952 to Jan 18, 1952 , that I last saw the deceased alive on Jan 18, 1952 , and that death occurred at 2 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Doris Weisler M.D.		23b. ADDRESS 3502 N 19th St	
23c. DATE SIGNED 1-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 21 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son W Florissant	
DATE REC'D BY LOCAL REG. JAN 21 1952		REGISTRAR'S SIGNATURE Paul Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son W Florissant		ADDRESS 4746	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Penney

Licensed Embalmer No. *4194*

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.