

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11167

State File No.

FILED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>302</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4400</u> TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1 Blvd. Chaminade College, Lindbergh</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BROTHER ARNOLD</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>WILLGING; S.M.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1952</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb. 3, 1882</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR (Months) <u>0</u>		IF UNDER 1 WEEK (Days) <u>0</u>		IF UNDER 1 MIN. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brother</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Society of Mary</u>		11. BIRTHPLACE (State or foreign country) <u>Dubuque, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Philip Willging</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hanover</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
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>Rev. Richard Brand, S.M., Chaminade College</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Decompenation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive cardiac vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Epilepsy - 443X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> <u>10 years</u> <u>4 years</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Aug 14th, 1948</u> , to <u>Feb 3, 1952</u> , that I last saw the deceased <u>alive on Feb 3, 1952</u> and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Quentin M. Sauer M.D.</u>				23b. ADDRESS <u>Kirkwood, Mo</u>		23c. DATE SIGNED <u>2/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>		24b. DATE <u>Feb. 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maryhurst</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-5-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dando M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Robert S. L. Co.</u>		ADDRESS <u>1906 So. Grand Blvd.</u>	

(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.....

Ronald A. Yabuke

Signed.....

Student Embalmer

Licensed Embalmer No. *13917*

P. O. Address *St. Louis*

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.