

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6991**
Registrar's No. **1118**

FILED MAR 4 1954 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 death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 800 Jefferson Str	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		0923 /	
3. NAME OF DECEASED (Type or Print)	a. (First) THEODORE	b. (Middle) (NMI)	c. (Last) WILLBRAND
4. DATE OF DEATH	(Month) (Day) (Year) February 3, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1892
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and State, or Foreign Country) St. Charles Co
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Casper Willbrand	
13b. MOTHER'S MAIDEN NAME Louise Laging		14. NAME OF HUSBAND OR WIFE Nora Bruns Willbrand	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Nora Willbrand	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS 800 Jefferson Str	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peripheral vascular collapse		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
ANTECEDENT CAUSES Pulmonary edema and probable bronchopneumonia		12 hrs.	
DUE TO (b) bronchopneumonia		3 yrs.	
DUE TO (c) Reticulum cell sarcoma			
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 checked="" 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? 2000	
22. I hereby certify that I attended the deceased from 1-6-1954, to 2-3-1954, that I last saw the deceased alive on 2-3-1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 2-4-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/7/54	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles Mo
DATE REC'D BY LOCAL REG. FEB 4 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
ADDRESS 620 Jeff. St. Charles, MO			

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

[Signature] (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Arthur C. Lane

Licensed Embalmer No. *314*

P. O. Address *A. C. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.