No. 300
10-48

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

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24578

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6565

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 7019 Marquette Ave.

3 2039 0

3. NAME OF DECEASED (Type or Print)
a. (First): EDGAR
b. (Middle): J.
c. (Last): WILLMANN

4. DATE OF DEATH (Month) (Day) (Year): July 27 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1890

9. AGE (In years last birthday): 64
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian-Mt. Tabor E.& R. Church

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Concordia, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Willmann

13b. MOTHER'S MAIDEN NAME: Margaret Klingenberg

14. NAME OF HUSBAND OR WIFE: Lydia Willmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lydia Willmann 7019 Marquette Ave.

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) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Exploratory Thoracotomy — 4 days
DUE TO (c) Carcinoma Lt lung Involving Mediastinum — 6 mo +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Vascular Cerebral Disease - Indef.

19a. DATE OF OPERATION: 7/23/55

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Lt lung Involving Hilum & Mediastinum Incl Pericardium

20. AUTOPSY? YES ☑ NO ☐

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): 163X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19, *19*55, *to* July 27, *19*55, *that I last saw the deceased alive on* July 27, *19*55, *and that death occurred at* 1:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest Jensen M.D.

23b. ADDRESS: 634 N. Grand Bl., St. Louis, Mo

23c. DATE SIGNED: 7/28/'55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 30, 1955

24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem.

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JUL 29 1955

REGISTRAR'S SIGNATURE: H. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S.Kingshighway Bl.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed, Richard W. Storrsa

Licensed Embalmer No. 4 A

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.