THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10305

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 114

1. PLACE OF DEATH

a. COUNTY: St.Charles

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Charles

c. LENGTH OF STAY (in this place): 3 mons

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Edgewood Acres

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St.Charles

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Charles 092

d. STREET ADDRESS (If rural, give location): Edgewood Acres R#1-Box 20-E

3. NAME OF DECEASED (Type or Print)

a. (First): Herman

b. (Middle): William

c. (Last): Willenbrock

4. DATE OF DEATH (Month) (Day) (Year): Apr.12,1956

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: May 21,1906

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 10 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Milk Dr.

10b. KIND OF BUSINESS OR INDUSTRY: St.Louis Dairy

11. BIRTHPLACE (State or foreign country): Clayton,Mo.

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

13a. FATHER'S NAME: Henry Willenbrock

13b. MOTHER'S MAIDEN NAME: Louise Wilkins

14. NAME OF HUSBAND OR WIFE: Lorena J.Willenbrock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 498-18-8683

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Lorena J.Willenbrock R#1 Box 20-E

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): Coronary occlusion & thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): Gen arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs. / 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

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)

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* 4-12-56 *19__, to* 4-12-56 *19__, that I last saw the deceased alive on* Apr 12, 1956 *, and that death occurred at* 930 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R [illegible] MD

23b. ADDRESS: St Charles, Mo

23c. DATE SIGNED: April 14 1956

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

24b. DATE: 4-16-1956

24c. NAME OF CEMETERY OR CREMATORY: Mt.Lebanon Cemetery

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

DATE REC'D BY LOCAL REG.: April 14 1956

REGISTRAR'S SIGNATURE: Fannie Hamilton

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bluntum Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1958

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 David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.