

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36402**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8866**

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, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital			e. STREET ADDRESS (If rural, give location) 2277 3228a Oregon, St. Louis, 18		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)	c. (Last) Willmering	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-16-1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U-S-A
13a. FATHER'S NAME Joseph Rumping		13b. MOTHER'S MAIDEN NAME Angela Bruemleve		14. NAME OF HUSBAND OR WIFE Bernard Willmering	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERNARD WILLMERING 3228 Oregon		
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of frontal lobe DUE TO (c) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 33IX					
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)		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 9-20-56 , 19 56 , to 9-24- , 19 56 , that I last saw the deceased alive on 9-24-56 , 19 56 , and that death occurred at 3:20 PM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm B Powell MD			23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 9/26/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 27 1956	24c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL		24d. LOCATION (city, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. SEP 26 1956		REGISTRAR'S SIGNATURE J. Earl Smith MD		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuttis 2906 Gravois	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Budd*.....
Licensed Embalmer No. *3989*.....
P. O. Address *St. Louis*.....

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