THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4053

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) O'Sullivan Nursing 3715 St. Ann's Lane — Length of stay in Ib 20 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. LOUIS
c. CITY OR TOWN Normandy 4170 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3715 St. Ann's Lane — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Frank Middle Last Villhard

4. DATE OF DEATH Month JAN Day 5 Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X

8. DATE OF BIRTH Feb 14, 1904

9. AGE (In years last birthday) 53

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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Stix Baer & Fuller

11. BIRTHPLACE (City and state or country) St. Louis Mo.

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

13. FATHER'S NAME George Villhard

14. MOTHER'S MAIDEN NAME Lena Weinert

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. None

17. INFORMANT Mr. Edward Keuper Address 7904 Page Ave 14

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial insufficiency — unknown

DUE TO (c) Rheumatoid arthritis — 25 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Blind 7220

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 7, 1948 to Jan 5, 1958 and last saw her/him alive on Jan 5 1958

Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann MD (Degree or title)

22b. ADDRESS 5231 Clayton Rd (17)

22c. DATE SIGNED 1/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.

23b. DATE Jan 8 1958

23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery.

23d. LOCATION (City, town, or county) St. Louis Mo. (State)

24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home ADDRESS 4828 Natural Bridge Blvd. St Louis Mo.

25. DATE REC'D BY LOCAL REG. Jan 6, 58

26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

aes

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, or other duly licensed hereinafter in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

File In County.
Ralph.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rodph C. Lindsa

Licensed Embalmer No. 4

P. O. Address St. Lou

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