

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020285

STATE FILE NUMBER 5118

FILED MAY 23 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 37 4346 West Pine Williams Rest Home		Length of stay in 1b 4	d. STREET ADDRESS (If outside, give location) 1199 4346 W. Pine Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST EMMA L. WILLHAUK.			4. DATE OF DEATH Month Day Year May 13-1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 5-1879	9. AGE (In years last birthday) 79	10. F UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Highland, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Siedler		13b. MOTHER'S MAIDEN NAME Emma Blattner		14. NAME OF HUSBAND OR WIFE Late Philip Willhauk.	
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 Address R. C. Willhauk 3734 Washington Av.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> <i>Fracture of Left Hip;</i> DUE TO (b) <i>E9047</i> <i>45</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered when deceased fell</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Spinal Cord Injury</i>				
20c. TIME OF INJURY Hour Month, Day, Year 630 a.m. 5 12 58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>19 Home</i>				
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY		STATE
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>1125 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or Title) <i>John J. ...</i>			22b. ADDRESS <i>300 ...</i>		22c. DATE SIGNED <i>5/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 16-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Highland, Illinois.	
24. FUNERAL DIRECTOR Leidner Undertaking Co. 2223 St. Louis		ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 15 58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, m.d</i> S.P.	

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 *Albert Mayfield*

Licensed Embalmer No. *3077*
P. O. Address *St. Louis, Mo.*

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