...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

...FILED VS OCT 24 1960

...NDED ✓

-60-040609
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3008

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Johns — Length of stay in 1b: DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION: ...ugh Manor Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Johns — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3326 Eminence (Nursing Home) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BLANCHE Middle: Last: WILLBRANDT
4. DATE OF DEATH: Month: Oct Day: 16 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct 10 1865
9. AGE (last birthday): 95
IF UNDER 1 YEAR: Months: 0 Days: 6 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Cleveland Ohio
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Koogle
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Emil Willbrandt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: John Rawlings Address: Bel Nor Mo 8411 Knollwood

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): Coronary Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Heart Failure -
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 October 4, 1960 to October 15 and last saw her/him alive on October 15, 1960
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L. Sterkel MD
22b. ADDRESS: 634 No. Grand
22c. DATE SIGNED: 10-17-6

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 19 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: C.R. Lupton and Sons ADDRESS: 7233 Delmar
25. DATE RECD. BY LOCAL REG.: 10-17-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Wellbrandt Co.
Dr. Stritch 634 N.GR
Jo 5-2332
1 - 5:30 P.M.
Richard Lord
Hg-6-8127
135 W. Adams
1:30

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Sch

Licensed Embalmer No. 386

P. O. Address St. Lou

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