N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 30 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42440

File No.
Registered No. 419

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township ~~Clayton~~ Central Primary Registration District No. 6033a
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Eunice Willette

(a) Residence, No. 9423 Midland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
f	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar E. Willette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

FATHER
13. NAME Edgar A. Remley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Mary Hogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mr. Edgar E. Willette
(ADDRESS) 9423 Midland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 6, 1936

19. UNDERTAKER Ostmann Funeral Home
(ADDRESS) Gustave Sig.

20. FILED 11/5 1936 Dr A J Figuorelle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/ 3/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 PM m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple lacerations and puncture of pleural, both parietal and viscera with multiple puncturing and lacerations of both lungs, by punctured ribs. Hematothorax.

Other contributory causes of importance:
Multiple fractures of spleen. Maceration of cerebellum left with basal hemorrhage. Maceration of left lobe of liver, fracture of

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? OVER Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lutah D Timmons M. D.
(Address) 3718 Jennings, St. L.

Thomas D Timmons Jr. Mo

skull, left parietal temporal area into the base and crossing to opposite side, separating skull from anterior posterior halves.Sec;Int.and Ex. hemorrhage, Shock, caused by direct violehce.

Verdict of Jury;By being struck by a street car on Midland Ave. about 375 feet west of Woodson road. Jury renders an open verdict and recommends further investigation.