

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

Do not use this space.

**MAY 31 1937**

1. PLACE OF DEATH  
 416 County Saint Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248B  
 City Jefferson Barracks (No. U.S.VAM, Facility) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 17622  
 Registered No. 178 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis WILLIS  
 (a) Residence, No. Not known St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Augusta Willis (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>43</u>	<u>9</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

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) Paducah, Kentucky

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk M. Schuller (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE National Cemetery DATE Apr. 28 1937

19. UNDERTAKER Chas. J. Bates (ADDRESS) 4107 Jimmy Ave.

20. FILED April 27, 1937 G. M. Murray Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937 to April 24, 1937  
 I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 1:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Concussion of Brain and shock from multiple fractures. Date of onset Unkn.  
accidental fall from a moving freight train. 4/23/37  
 Other contributory causes of importance: Chronic Myocarditis. 20/4/37 Unkn.  
Multiple fractures. 4/24/37

Name of operation None Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? Phys. clinical exam. and laboratory Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 4-23 1937  
 Where did injury occur? RR Tract-Belleville, Ill.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Not known Fall from train  
 Nature of injury Not known Multiple fractures

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes Chas. J. Bates  
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.  
 (Address) VAF Jefferson Barracks, Mo.  
John B. Connell M.D.  
Dr. Cowen, St. Louis County

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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