

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

29572
Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4324 Holley Hills** Registered No. **8205**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alfred J. Willer**

(a) Residence, No. **4324 Holley Hills** St. **2**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Erna Willer**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 30 1885**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **51 11 -**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Printing**
9. Industry or business in which work was done, as saw mill, bank, etc. **Pressman**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Quincy**
(STATE OR COUNTRY) **Ill.**

13. NAME **Clem Willer**
14. BIRTHPLACE (CITY OR TOWN) **Quincy**
(STATE OR COUNTRY) **Ill.**

15. MAIDEN NAME **Mary Strutthof**
16. BIRTHPLACE (CITY OR TOWN) **Quincy**
(STATE OR COUNTRY) **Ill.**

17. INFORMANT **Erna Willer**
(ADDRESS) **4324 Holley Hills**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Sept. 2 1937**

19. FUNERAL DIRECTOR **Wm. Schumacher**
(ADDRESS) **3013 Meramec**

20. FILED **AUG 31 1937** **J. T. Predeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 30 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 18 1937**, to **Aug 30 1937**,
I last saw him alive on **Aug 16 1937**. Death is said to have occurred on the date stated above, at **9:30 p.m.**,
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease with acute failure
Date of onset **Jan 1937**

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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) **Bert N. Klem**, M. D.
(Address) **2632 S. Kingshighway**

76378
Kemping

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence Rochow
Licensed Embalmer No. 3093

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.)