

DEC 28 1937

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

42401

Do not use this space.

1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033B
(c) City St. John's Station (d) Street No. 3319 Marshall Ave. Registered No. 308
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Willmore

- (a) Residence, No. 3319 Marshall Ave. St. John's Sta.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Willmore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 9 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Ills.

- FATHER 13. NAME Unknown Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

- MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. Henry Willmore
(ADDRESS) 3319 Marshall Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Nov. 9, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED 11-8-37 W. B. Beckner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1937 19
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937 to Nov. 6, 1937
I last saw him alive on Nov. 6, 1937 Death is said to have occurred on the date stated above, at 6:40 PM.
The principal cause of death and related causes of importance were as follows:

Pulmonary infarction
Arteriosclerosis
Heart disease

Date of onset
Nov. 2
1937

Other contributory causes of importance:

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

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
Also, specify

(Signed) Truman B. Blunt, M. D.

(Address) 3720 Washington

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

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 W.H. Van Matre

Licensed Embalmer No. 2825

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.)