DEC 28 1937

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

Do not use this space.

42435

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 6033a — Registered No. 412

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Frank Willis

(a) Residence, No. County Jail, Clayton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mary Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't know

7. AGE: abt — YEARS: 49 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
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): Don't know

FATHER

13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Coroner, St. Louis County, 10300 Lackland Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 11/9/37 19

19. UNDERTAKER (ADDRESS): Boyd Undertaking Company, South Kinloch Park, Mo.

20. FILED 11/8 1937 Dr. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 3 1937

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 8:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by liquid poison (disenfectant containing phenol)	11/3/37

Other contributory causes of importance:

Name of operation None 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? Suicide Date of injury 11/3, 1937
Where did injury occur? Clayton, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. County Jail
Manner of injury Suicide by poison.
Nature of injury Suicide by poison.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner, St. Louis Co.

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.

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