JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 46799
Township — Primary Registration District No. 4470 — Registered No. 127
City U City (No. , St. Ward)

2. FULL NAME Dora Bertha Wille
(a) Residence, No. 7208 Dorset St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. 90 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frank Herman Wille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw f.
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) St. Charles, Mo.

FATHER
13. NAME Gottlieb Rauch.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Eva Menkel.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Geo Fliehman 7208 Dorset

18. BURIAL, CREMATION, OR REMOVAL
PLACE St John's Cemetery DATE Dec 18 1937

19. UNDERTAKER (ADDRESS) Hackmann - Bang 326 No 6th St Charles Mo

20. FILED Dec 17 1937 Virginia Hirsche (?) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from September, 1934, to 12-15, 1937
I last saw her alive on 12-15, 1937. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Common Bile Duct. 46

Date of onset

Other contributory causes of importance: Metastasis to Liver

Name of operation Choledochoduodenostomy Date of Oct. 1934
What test confirmed diagnosis? Path. Section Was there an autopsy?

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) Earl R. Rice M. D.
(Address) 951 Arcade Bldg.

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.

FEB 20 1958