

DECD OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1008

30485

Do not use this space.

7922

Registered No.

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. St. Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (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

- Infant Wille H O O
- (a) Residence, No. 3165@ Pennsylvania Avenue St. 24
(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 (write the word) Single

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6. 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- -- -- --

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) St. Louis, Mo., 0

- FATHER 13. NAME Leonard Wille 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo., 0

- MOTHER 15. MAIDEN NAME Hilda M. Stoeckel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

17. INFORMANT Leonard Wille
(ADDRESS) 3165 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul Cem DATE Sept. 7. 1938.

19. FUNERAL DIRECTOR (ADDRESS) J. A. Brien & Co
2842 Meramec Street

20. FILED SEP - 7 - 1938 J. D. Budek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1938, to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5 P. m.

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

Stillborn Date of onset

Other contributory causes of importance: Breech Delivery

Name of operation Date of
What test confirmed diagnosis? 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?

If so, specify (Signed) J. A. Brien M. D.

(Address) 2767 Meramec

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by..... Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)

No Embalming