

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30611  
Do not use this space.

1. PLACE OF DEATH RECEIVED OCT 1 1938

791  
1008

8048

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City ST. LOUIS (d) Street No. 4343 Ellenwood ..... 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 Rosa Willer  
 (a) Residence, No. 4343 Ellenwood St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1875

7. AGE YEARS 63 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Budapest Austria  
 13. NAME John Gradel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Marie Schaffler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Domonick Willer  
4343 Ellenwood a.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 9-13-38

19. FUNERAL DIRECTOR (ADDRESS) Will Bros & Co.  
2929 S. Jefferson Av.

20. FILED J. B. Bieder Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938, to Sept 10 1938  
 I last saw her alive on Sept 10, 30, 1938 Death is said to have occurred on the date stated above, at 7:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Endocarditis 1933  
Coronary Embolism 10 June

Other contributory causes of importance .....

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) Adam & Youngman, M. D.  
 (Address) 5439 Gravois

SEP 12 1938

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STATEMENT BY LICENSED EMBALMER

I, Paul G. Shanklin

Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul G. Shanklin

L. E.

No. 3472 or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul G. Shanklin

Licensed Embalmer No. 3472

**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.)**