

AUG 11 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De. Paul Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Days.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4325 Strodtman Place.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1939 hour 5:21 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 16, 1939, to July 19, 1939
that I last saw him alive on July 19th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
Chronic Myocarditis Seriously

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME Fredrick Willers. 462

8. (b) If veteran, name war _____ (c) Social Security No. 489143417.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Obenhaus Willers ave. _____ years

7. Birth date of deceased Oct. 8, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	9	11	hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman.

11. Industry or business Krey Packing Company.

12. Name Charles Willers.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Klei.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Hülprosch.
(b) Address 4325 Strodtman Place.

17. (a) Burial (b) Date thereof 7/22/39.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart-Carrall Und. Co.
(b) Address 4606 Nagural Bridge.

19. (a) JUL 21 1939 (b) J. B. Brubaker
(Date received local registrar) (Registrar's Signature)

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.

WHILE I TRAVEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-118911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.