

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 301580

Reg. No. **NEED SEP 7 1939**

Primary Registration District No. 104

Registrar's No. 1446

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town FERGUSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
303 ROBERTA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA MAE WILLE 40
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RALPH WILLE
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased DEC 10 1903
(Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 3
If less than one day hr. _____ min.

9. Birthplace CLIFTON CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name CHARLES T. HIXSON
13. Birthplace OTTERVILLE MO
(City, town, or county) (State or foreign country)
14. Maiden name ALDA DIEBENDORF
15. Birthplace CLARKSBURG MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph Wille
(b) Address 303 Roberts Ave Ferguson Mo

17. (a) BURIAL (b) Date thereof AUG 15 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge Rd

19. (a) AUG 15 1939 (b) J. R. [Signature]
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town FERGUSON
(If outside city or town limits, write "RURAL")
(d) Street No. 303 ROBERTA
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 13th
year 1939 hour 2:45 minute a M.

21. I hereby certify that I attended the deceased from 4/14, 1937, to 8/13, 1939;
that I last saw h. W alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary J. B.C Duration 2 1/2 hr

Due to _____
Due to 23

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. P. Hughes (M. D. or other) _____
Address Ferguson Mo Date signed 8/14/39

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 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 Guy W Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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