

Registration District No. 17291 Primary Registration District No. 1003 Registrar's No. 5089

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:
4430 Red Bud Ave
 (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 Alfred Otto Willig 428
 3. (b) If veteran, name war No 3. (c) Social Security No. 407-05-9492
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha Willig 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Dec 2 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 6 hr. 5 min.

9. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Coal & Coke

12. Name Frederick Willig

13. Birthplace Germany
 (State or foreign country)

14. Maiden name Elizabeth Brauch
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Martha Willig

(b) Address 4430 Red Bud Ave

17. (a) Burial (b) Date thereof June 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St Louis Ave

19. (a) JUN 11 1940 (b) _____
 (Date received local registrar) (Signature)

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. 4430 Red Bud Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1940 hour 5:40 minute P M.

21. I hereby certify that I attended the deceased from Apr. 22nd
 1940 to June 8th 1940
 that I last saw him alive on June 8th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Duration 6 weeks

Due to _____

Due to _____

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?
 Inc _____

(e) Means of injury _____
 (Specify type of place)

28. Signature John H. Neugebauer (M. D. or other) _____

Address 4244 W. Vermont Date signed 6/10/40

9-10

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.....

Max L. Warfel

Registered Apprentice No. *215*

working under my personal supervision.

Signed *Felix J. Kriepin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis Ave*

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.