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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27100

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6996

**1. PLACE OF DEATH:**

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: 4538 St. Ferdinand 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis 11
(If outside city or town limits write "RURAL")

(d) Street No. 4538 St. Ferdinandn
(If rural, give location)

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

3. (a) PRINT FULL NAME Julius A. Willy MD

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Willy

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 17, 1868 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 9 | 1 | hr. min. |

9. Birthplace Switzerland 7
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Antoine Willy

13. Birthplace Switzerland 7
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Suszann

15. Birthplace Switzgerland 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Rietz

(b) Address 4538 St. Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Sullivan

(b) Address 2849 N. Euclid

19. (a) AUG 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 18 year 1940 hour 11 minute 25 a.m.

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

| Immediate cause of death | Duration |
|---|---|
| Cardiac Hypertrophy | |
| Due to Chronic Interstitial | |
| Due to Nephritis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy 131 | |

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 8/19/40

(Licensed Embalmer's Statement on Reverse Side)

## 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.....Albert Murphy

Licensed Embalmer No.....3077

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.**