

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12450
Registrar's No. 2880

Registration District No. 791

Primary Registration District No. 1003

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

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 3455 Keokuk St.
(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 50 years

3. (a) PRINT FULL NAME Rosa Willey

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frederick

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 24, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 7

If less than one day hr. _____ min. _____

9. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Willey

(b) Address 3455 Keokuk St.

17. (a) Burial (b) Date thereof 4/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wasken-Welderk

(b) Address 2331 S. Broadway

19. (a) APR - 2 1941 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 1/69

(d) Street No. 3455 Keokuk St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1/1/41
to 3/31/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Chronic hepatitis
Hypertension

Due to _____

Duration 1 yr.

Due to _____

Other conditions 10/1/8
(Include pregnancy within 3 months of death)

Major findings: 10/1/8

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? _____

23. Signature J. P. Bredeck (M. D. or other) 0
Address 1607 - n Broad. Date signed 4/1/41

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.....

Robert C. Wheeler

Licensed Embalmer No.....

2158

P. O. Address.....

St. Louis, Mo

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, fact should be so stated above.