S. No. 2
(—1-4-41
. 5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23468

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5820

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Not known 0

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. 5726 Acme Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert A. Willig Jr.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Theresa M. Willig nee Rickert

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January 17, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	5	25	hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Chauffer & Mechanic

11. Industry or business Post Office

FATHER
12. Name Robert A. Willig Sr.
13. Birthplace Sedalia (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ida Richards
15. Birthplace Roodhouse (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Theresa M. Willig
(b) Address 5726 Acme Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 15 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1941 hour 11:05 PM minute M.

21. I hereby certify that I attended the deceased from On July 12, 1941, to 19; that I last saw him alive on July 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pericarditis,	
sero-fibro-purulent,	doubtful
Due to Teratoma of mediastimum non malignant	
Due to Congenital,	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as given above.	

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) No.
(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.
Address 2435 N. Grand Bl. Date signed 7/14/41

(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 Leonard Hampton

Licensed Embalmer No. 2967

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.