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. 40609

Registration District No. 791 — FILED JAN 24 1942

Primary Registration District No. 1003

Registrar's No. 10369

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: Enroute to City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000

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

(d) Street No. 2818 Lafayette Avenue (If rural, give location) 5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE WILLS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife

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

7. Birth date of deceased October 3, 1941 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	2	26	hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Clifford Wills
13. Birthplace Glen Forest, Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bonnie McDermott
15. Birthplace Louisville, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Clifford Wills

(b) Address 2818 Lafayette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) DEC 29 10 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1941 hour 10 minute 30 a.M.

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

	Duration
Immediate cause of death Broncho Pneumonia	
Due to (Primary)	
Due to Pending	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy 107	

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 3

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

Address [signature] Date signed 12/29/41

(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 Ralph C. Linders, Registered Apprentice No. 281 working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.