

FILED JUN 15 1942

1003

Registrar's No.

Registration District No.

Primary Registration District No.

00
19
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis

(c) Name of hospital or institution:
Missouri Pacific Hospital
(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 Goldie Will

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward A. Will

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 4th 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>27</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown Grosser

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

14. Maiden name Unknown

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

16. (a) Informant Edward A. Will

(b) Address 6213 Fyler Ave.

17. (a) Burial (b) Date thereof 6-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 1 1942
(Date received local registrar)

J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 6213 Fyler Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 5 minute 47 A.M.

21. I hereby certify that I attended the deceased from 4/7/42, 19 to 5/31/42, 19;
that I last saw her alive on 5/30/42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Diabetes Mellitus
Gangrene Right foot
Gangrene Right Thump
Duration 2 Months

Due to Generalized Atherosclerosis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene Right foot

Of autopsy None

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?..... (i) Means of injury.....

23. Signature Charles C. Grace (M. D. or other).....
Address Mo. Pacific Hospital Date signed 5/31/42

844 (Licensed Embalmer's Statement on Reverse Side)

AUG 17 194

Handwritten notes: 8/17/44, 2/13/45, 2/13/45, M/1/45, M/1/45

Handwritten notes: [Faint illegible text]

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 *Elmer B. Mc Dermott*

Licensed Embalmer No. 3024

P. O. Address.....

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.