

FILED JAN 13 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No.

11037

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 10 Days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 008

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

(d) Street No. 2000th Cass Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Adrian G. Will

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... Male 5. Color or race..... W 6. (a) Single, widowed, divorced, Single

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

7. Birth date of deceased..... Nov. 11th 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12 1 19 hr. min.

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

10. Usual occupation..... Student

11. Industry or business.....

12. Name..... Gordon Will

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

14. Maiden name..... Thelma Geiger

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

16. (a) Informant..... Gordon Will
(b) Address..... 2000th Cass Ave

17. (a) Burial (b) Date thereof..... 1-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Robert W. J.B.
(b) Address..... 3710 N. Grand St.

19. (a) DEC 31 1942 (b) J. P. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 30, year..... 1942 hour..... 5:20 minute..... P.M.

21. I hereby certify that I attended the deceased from..... December 21, 1942, to..... December 30, 1942; that I last saw him..... alive on..... December 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute Pneumonia

Due to..... 1044p

Due to.....

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

Major findings: Of operations.....

Of autopsy..... Acute Pneumonia

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... David Gochling (M. D. or other).....
Address..... 1515 Lafayette Avenue Date..... 12/31/42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.