

FILED DEC 2 1942  
818

Primary Registration District No. 1003

Registrar's No.

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 2 Days  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Address Unknown  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1942 hour 12:15 minute P. M.  
21. I hereby certify that I attended the deceased from December  
13, 1942 to December 14, 1942;  
that I last saw him alive on December 14, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Coronary occlusion  
Duration  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy refused  
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) (Specify type of place)  
(Specify type of place) (Specify type of place)  
23. Signature [Signature] (M, D, or other)  
Address 1515 Lafayette Avenue Date signed 12/14/42

3. (a) PRINT FULL NAME William Leslie Willman  
3. (b) If veteran, name war No 3. (c) Social Security No. 489-05-1633

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elsie Willman 6. (c) Age of husband or wife if alive 12 years  
7. Birth date of deceased November 12, 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 2 If less than one day  
.....hr. ....min.

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

10. Usual occupation Elevator Operator at Statler Hotel

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown (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 William Willman  
(b) Address Route 7, Overland, Mo.  
17. (a) Burial (b) Date thereof 12 16 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director [Signature]  
(b) Address 3634 Gravois Avenue  
19. (a) DEC 15 1942 (Date received local registrar) J.F. Bredek (Registrar's signature)

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

MOTHER FATHER

---

---

**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 Wheeler  
Licensed Embalmer No. 2178  
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.**