

APR 23 1943 318

State File No. \_\_\_\_\_  
Registrar's No. 3484

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt. 1 week  
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 8105 Dumas Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruby Mae Willis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Nil

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

7. Birth date of deceased: October 8th 1933  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1943 hour 11:45 minute P.M. M.

21. I hereby certify that I attended the deceased from 4/2 1943 to 4/9 1943  
that I last saw her alive on 4/9 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years: 9 Months: 6 Days: 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Septicemia

Due to Branches - pneumonia 4

Due to \_\_\_\_\_

9. Birthplace: Richmond Heights Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Student

Other conditions: Epilepsy  
(Include pregnancy within 3 months of death)

Duration today

11. Industry or business: Lincoln School

MOTHER FATHER { 12. Name: Albert Willis

13. Birthplace: Pickens Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Williams

15. Birthplace: Ravill Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant: Emma Willis

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

(b) Address: 8105 Dumas Ave.

17. (a) Burial (b) Date thereof: 4-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Charles J. Gates

(b) Address: 4107 Finney Ave.

19. (a) APB (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

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: [Signature] (M. D. or other) M.D.

Address: 3136 Chouteau Ave. Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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.....

**William C. McDowell**

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. *2114*

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.**