. S. No. 2
M—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12991

Registration District No. 1018 — FILED APR 10 1943

Primary Registration District No. 1003

Registrar's No. 3161

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2615 Baldwin /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 220

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

(d) Street No. 2615 Baldwin Str.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lottie T. Willman

3. (b) If veteran, name war *****

3. (c) Social Security No. *******

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Gus Willman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec (Month) II (Day) 1892 (Year)

8. AGE: Years 50 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Little India (City, town, or county) Careis / Ills. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Melvin Lindsey
13. Birthplace Decature Ills. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Augustine Lindsey
15. Birthplace Decature Ills. (City, town, or county) / (State or foreign country)

16. (a) Informant Gus Willman
(b) Address 2615 Baldwin str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Fredmens~~ Fredmens Cemetery

18. (a) Signature of funeral director Central Und. Co.
(b) Address 1841 cass ave.

19. (a) APR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1943 hour 950 minute P M.

21. I hereby certify that I attended the deceased from Feb 20, 1943, to March 30, 1943; that I last saw her alive on March 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver and Sigmoid

Due to Primary in Liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of liver & intestines

Of autopsy

Duration

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

23. Signature Lloyd L Heid (M. D. or other)
Address 2739 N Grand Date signed 3/31/43

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(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.....

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

working under my personal supervision.

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.