S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40752

Registrar's No. 11147

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: CHRISTIAN Hosp. O
(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 MISSOURI (b) County 11

(c) City or town ST LOUIS 79
(If outside city or town limits, write "RURAL")

(d) Street No. 4430 RED BUD AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME DOROTHY BERTHA WILLIG

3. (b) If veteran, name war

3. (c) Social Security No. 500-24-5960

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER (Month) 8 (Day) 1917 (Year)

8. AGE: Years 26 Months 0 Days #5 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) O (State or foreign country)

10. Usual occupation INSPECTOR

11. Industry or business

FATHER
12. Name ALFRED O WILLIG
13. Birthplace ST LOUIS (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name MARTHA UMRATH
15. Birthplace ST LOUIS (City, town, or county) O (State or foreign country)

16. (a) Informant Alfred H Willig
(b) Address 4430 Red Bud Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director Bliderwieder funeral Home
(b) Address 1936 St Louis Av

19. (a) DEC 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 13th 1943 to Dec 13th 1943
that I last saw h. & alive on Dec. 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
{Diabetes mellitus
{Chron Interstitial nephritis } Duration 1 day

Due to Diabetic Coma—
Arterial sclerosis, uremic poisoning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Many complication found in patient by Dr. Gradwohl

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 A. T. Vogler O (M.D. or other)
Address 4744 W. Florissant Date signed 12/14/43

(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.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Louden

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.