

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29960**
Registrar's No. **7941**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944
518

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County... **St. Louis**
(b) City or town... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo-Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 hours**
23 Months (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Lloyd Thomas Willis**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **male** 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 **Oct 4th. 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 11 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Ralph Autis Willis**
13. Birthplace **Puxico Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Dorothy Opal Blackledge**
15. Birthplace **McLeansboro Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Autis Willis**

(b) Address **2516 W. Dodier St.**

17. (a) **Burial** (b) Date thereof **Sept. 13 '44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **SEP 16 1944** (b) *J. Medel*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2516 W. Dodier St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **15th.**
year **1944** hour **8:00 AM** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary and Arteriosclerosis right lung following operation of pieces of meat at his home due to Sept. 13 1944 about 7:30 pm*
Due to _____

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

Major findings: *195*
Of operation _____
Of autopsy *110*

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Sept 13 1944**

(c) Where the injury occur? **St. Louis** (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 _____ (c) Means of injury **See above**

23. Signature *W. J. Perry* (M. D. or other)

Address *St. Louis* Date signed **7/16/44**

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..... *John P. Buchholz*
.....
Licensed Embalmer No. *2223*
P. O. Address..... *1674*

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.