

FILED JAN 5 1945
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1003

Registration District No. _____ Primary Registration District No. _____

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

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:
5823 Lindenwood Ave.
(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

3. (a) PRINT FULL NAME Louise T. Willy

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

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

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

7. Birth date of deceased March 26, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 8? Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Creyfeldt Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Schmitt 4

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Mannheim Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Clara M. Pennypacker

(b) Address 5823 Lindenwood Ave.

17. (a) Burial (b) Date thereof 12/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 1427 Gravois Ave.

19. (a) DEC 27 1944 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5823 Lindenwood Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th
year 1944 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-2, 1944 to 12-24, 1944
that I last saw him alive on 12-24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-Pneumonia 3 da.
Duration

Due to acute Stenocardia 5 yrs

Due to _____

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

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Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature D. Burt Bohannon M. D. or other MD
Address 2607 Grand Date signed 12/26/44

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.....

B. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address.....

7027 Travis

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.