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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38365

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 179

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution:
1818 Watson Street
(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 St. Charles

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

(d) Street No. 1818 Watson Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Elnora Wills

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Wills

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

7. Birth date of deceased February 9, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	9	..... hr. ..... min.

9. Birthplace Hunnewell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Henry Bohrer
13. Birthplace Hunnewell (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Beasely
15. Birthplace Hunnewell (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Maurice Wills
(b) Address St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann Bowe
(b) Address 326 N 6th St, St Charles Mo

19. (a) Nov. 20, 1945 (Date received local registrar) (b) Ernst L. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 18
year 1945 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from 6/8, 1945, to 11/18, 1945
that I last saw her alive on Sat 9th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis? Sudden death

Due to Essential Hypertension Generalized & Coronary Sclerosis

Due to .....

Other conditions Chronic Cholecystitis & Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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 Ro Hayden (M. D. or other) MD

Address St. Charles, Mo. Date signed 1/20/45

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-11-45

MAY 14 1945

MAY 1 1945

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 [signature]

Licensed Embalmer No. 3155

P. O. Address [illegible] Mo

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.