

No. 2
-12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21425

#6 FILED MAR 14 1948

1003

Registrar's No. 2338

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(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 Willis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fred Willis
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 20 hr. min.

9. Birthplace Smithton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Theodore Muench

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Althouse

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Kalz

(b) Address 2511 Fall Ave.

17. (a) Burial (b) Date thereof 3-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 6 1948 (b) J. F. Prudek
(Date received by 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. 1408b N. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1947 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1947 to March 3, 1947;
that I last saw her alive on March 3, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Unresolved Pneumonia & Embolism Duration 2 Mos

Due to _____
Due to _____
93d

Other conditions: arteriosclerotic heart dis.
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Same
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 time of place) _____
While at work _____ (e) Means of injury _____
23. Signature John H. Steiner (M. D. or other) _____
Address City, Mo. Date signed 3/3

No Embalmer

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.....

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, fact should be so stated above.