

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 218 Primary Registration District No. 100 Registrar's No. 3881

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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community About 30 years  
years, months or days

3. (a) PRINT FULL NAME Robert Willingham  
3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 1881  
7. Birth date of deceased Dec. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt 66 hr. min.

9. Birthplace Tucker Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Private Family

11. Industry or business None

MOTHER FATHER { 12. Name Lewis Willingham  
13. Birthplace Tucker Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. J. Nash  
(b) Address 3847 Page Blvd

19. (a) APR 14 1947 (Date received local registrar) (b) J. F. Braddock (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. 749 Euclid  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 9  
year 1947 hour 10 minute 5 A M.  
21. I hereby certify that I attended the deceased from 4-2, 19 47 to 4-9, 19 47; that I last saw him alive on April 9, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Congestive Failure  
Duration Undet.  
Due to  
Due to  
Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy No  
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 Edw B Williams (M. D. or other) 7/11/47  
Address 2601 N. Whittier Date signed

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

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.....

*Charles Dawing King*

....., Registered Apprentice No. *775*

working under my personal supervision.

Signed.....

*C. J. Nosh 2432*

Licensed Embalmer No. *3847 Page*

P. O. Address *3847 Page Blvd*

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.