

No. 2  
-1/47  
5-17-39

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
STANDARD CERTIFICATE OF DEATH

State File No. 19498  
5492  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

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  
3336 Michigan Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3336 Michigan Avenue 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martin T. Will  
3. (b) If veteran, name war No 3. (c) Social Security No. 489-05-6809

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 6th, 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Genevieve - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Steam-fitter

11. Industry or business City of St. Louis

12. Name Henry Will

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

14. Maiden name Mary Schaab

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

16. (a) Informant Louis A. Will

(b) Address 3330 Michigan, St. Louis, Mo.

17. (a) burial (b) Date thereof June 3, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Waaka-Helder

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUN 3 1947 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1947 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 10:27, 1947 to 6:7, 1947  
that I last saw him alive on 6-1-, 1947  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_

Immediate cause of death Coronary disease  
Myocarditis chronic  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsies: \_\_\_\_\_

Underline the cause of 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 Philip Schuck (M. D. or other) \_\_\_\_\_

Address 1702 1/2 Grand Date signed 6.2.47

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

MOTHER FATHER

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.....

*Frank J. Highland*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis 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.