S. No. 2
M—1/47
v. 5-17-39

96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 23 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 40404

Registrar's No. 2378

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Hours (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co. 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 Shelby 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Edward Willis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 4 (Day) 1921 (Year)

8. AGE: Years 26 Months 1 Days 9 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Presser
11. Industry or business Tricity Cleaners
FATHER
12. Name Richard Willis
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Beryl Whitfield
(b) Address 1124 Shelby
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.
18. (a) Signature of funeral director John H. Humphrey
(b) Address 408 S. Filmore Ave. Kirkwood
19. (a) 11-20-47 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 13 1947 to Nov. 13, 1947 that I last saw him alive on Nov. 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Shock
167
Due to Hemothorax and stab wound of heart
Due to Stab wound of chest
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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) Justifiable Homicide
(b) Date of occurrence Nov 13, 1947
(c) Where did injury occur? Kirkwood (City or town) St Louis Co. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? — (e) Means of injury stabbed with knife
23. Signature Wm. C. Critchlow (M. D. or other) 0
Address 601 Brentwood Blvd Date signed 11/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1947

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 Josephine E. Cooper Registered Apprentice No. 505- working under my personal supervision.

Signed James Tyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.