V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40405

FILED NOV 25 1947

Registration District No. 3717

Primary Registration District No. 3063

Registrar's No. 2385

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 10 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS CO.
(c) City or town: JENNINGS
(If outside city or town limits, write "RURAL")
(d) Street No.: 7553 CALVIN
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARIE WILLS
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: HENRY WILLS
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: FEB. (Month) 11 (Day) 1882 (Year)

8. AGE: Years 65 | Months 9 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace: PERRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: ARTHUR GREMAUD
13. Birthplace: FRANCE (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: MELINDA MILFELD
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. CHARLES GARRETT
(b) Address: 7553 CALVIN, JENNINGS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: BENTON MO. CEMETERY
18. (a) Signature of funeral director: MATH HERMANN & SON
(b) Address: 7161 E. FAIR AVE
19. (a) 11-20-47 (Date received local registrar) (b) Paul A. Starkloff M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18 year 1947 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from NOV. 1 8, 1947 to NOV 18, 1947 that I last saw HER alive on NOV. 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia, rt. lower.	2 days
Due to: 468	
Due to:	
Other conditions: Carcinoma gallbladder (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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)
(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: Robert N. Hall (M. D. or other)
Address: 601 BRENTWOOD BLVD. Date signed

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1948

DEC 1 1947

NOV 28 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 ....., Registered Apprentice No....., working under my personal supervision.

Signed Gustav W Dietule

Licensed Embalmer No. 4329

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.