S. No. 300
V. 10.48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6819

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1224

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton,
d. STREET ADDRESS (If rural, give location) 1722 Alby St.

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) William
c. (Last) Wille

4. DATE OF DEATH (Month) (Day) (Year) February 7 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 27,1907
9. AGE (In years last birthday) 41 — If under 1 year: Months 5 Days 10 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) West Alton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christian Wille
13b. MOTHER'S MAIDEN NAME Johannah Finke
14. NAME OF HUSBAND OR WIFE Lucille Wille

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 303-16-2150
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Wille. **ADDRESS** 1722 Alby St, Alton, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia

INTERVAL BETWEEN ONSET AND DEATH

O. K. Jesse
Joseph M. Carter
Deputy
2/10/49
14 3 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 23, *19* 49, *to* Feb. 7, *19* 49, *that I last saw the deceased alive on* Feb. 7, *1949*, *and that death occurred at* 1:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE F. Bradley **(Degree or title)** M.D.
23b. ADDRESS Barnes Hospital,
23c. DATE SIGNED 2/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb.10,1949
24c. NAME OF CEMETERY OR CREMATORY Valhalla Memorial Park
24d. LOCATION (City, town, or county) Alton (State) Illinois

DATE REC'D BY LOCAL REGISTRAR FEB 8 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Streeper **ADDRESS** Alton, Illinois

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed ..... Robert H. Streeper

Signed .....
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.