

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6986**
Registrar's No. **354**

317

3063

4002

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		State File No. 6986		Registrar's No. 354			
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST LOUIS							
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 16 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Overland 4271		d. STREET ADDRESS (If rural, give location) 2234 Wisner Rd					
3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) Hutis c. (Last) Willis				4. DATE OF DEATH (Month) (Day) (Year) 2-7-50		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 18, 1907				9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 24 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Puxico Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk				10b. KIND OF BUSINESS OR INDUSTRY Shoe Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Columbus Willis			13b. MOTHER'S MAIDEN NAME Charity Culpepper			14. NAME OF HUSBAND OR WIFE Dorothy Willis					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-07-8534		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Willis 2234 Wisner Rd					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease INTERVAL BETWEEN ONSET AND DEATH 23 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/6x									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-7-1950 to 2-8-1950 , that I last saw the deceased alive on 2-8-1950 , and that death occurred at 12:35 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE Jack A. Gregory, M.D.				23b. ADDRESS 601 Brentwood, Clayton				23c. DATE SIGNED 2/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/10/50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park Wellston				24d. LOCATION (City, town, or county) (State) Mo			
DATE REC'D BY LOCAL FEB 9 1950		REGISTRAR'S SIGNATURE Herbert R. Dowdy				FUNERAL DIRECTOR'S SIGNATURE Kaumann Bros				ADDRESS 2504 Woodson Rd	

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 3457

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, 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.