No. 300
10.48

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

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45159

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12022

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Missouri, St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6600 Pernod

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 24 39
d. STREET ADDRESS (If rural, give location) 3 6600 Pernod

3. NAME OF DECEASED (Type or Print)
a. (First) Dr. Joseph C. Willett
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1952

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH Mar. 5, 1893

9. AGE (In years last birthday) 59 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Willett

13b. MOTHER'S MAIDEN NAME Mary Buckingham

14. NAME OF HUSBAND OR WIFE Marion Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Marion Willett — **ADDRESS** 6600 Pernod

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) Acute Coronary Occlusion c myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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? 4200

22. *I hereby certify that I attended the deceased from* 10-3, 1945, *to* 12/24, 1952, *that I last saw the deceased alive on* 12/20, 1952, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard J. McFollan (Degree or title) MD

23b. ADDRESS 539 N Grand

23c. DATE SIGNED 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-31-52

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. DEC 30 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home — **ADDRESS** 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. B. Flavan
Humboldt Bldg.
No. 1255

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.

Student .....
Student Embalmer

Signed David Van Fossen.

Licensed Embalmer No. 4347.

P. O. Address 6322 So Grand

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.