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.48

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

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3949

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): NIL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ENROUTE TO MO. PAC. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ~~ST. LOUIS~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2049
d. STREET ADDRESS (If rural, give location): 4 7113 SOUTHWEST

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): A
c. (Last): WILLIS

4. DATE OF DEATH (Month) (Day) (Year): 1-1-1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-9-1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 0, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAIN-FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY: TERMINAL-RAILROAD
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN-WILLIS
13b. MOTHER'S MAIDEN NAME: EVA-PERKINS
14. NAME OF HUSBAND OR WIFE: CECELIA-WILLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. 1-7-26-1918 7-10-1919
16. SOCIAL SECURITY NO.: 500-10-8529
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: CECELIA-WILLIS-7113 SOUTHWEST.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Coronary Thrombosis

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?: 4201

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:50A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dayton Jones
23b. ADDRESS: 1308 Clark
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-5-53
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL-CEMETERY
24d. LOCATION (City, town, or county) (State): JEFF. BARRACKS - MISSOURI

DATE REC'D BY LOCAL REG.: JAN 3 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: RAY B. SMITH 7456 Manchester Maplewood Missouri

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Ellsworth Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.