No. 300
10.48

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20168

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1159

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Kirkwood~~ CLAYTON
c. LENGTH OF STAY (In this place): 12Dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

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): Kirkwood ? 4773
d. STREET ADDRESS (If rural, give location): 243 Electric St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Magaline
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1953

5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1922
9. AGE (In years last birthday): 30 — If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Public Library ~~Quarterday~~
11. BIRTHPLACE (City and State or Foreign Country): Kirkwood
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Clarence Fantroy
13b. MOTHER'S MAIDEN NAME: Gussie Jones
14. NAME OF HUSBAND OR WIFE: George Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 488-34-0665
17. INFORMANT'S SIGNATURE OR NAME: George Willis — ADDRESS: 243 Electric St.

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): Tuberculous meningitis — INTERVAL BETWEEN ONSET AND DEATH: 14 days

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

DUE TO (b): ? Pulmonary Tuberculosis — ? 4 months

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: 002X
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?

22. *I hereby certify that I attended the deceased from* 4-10-, 1953, *to* 4-22, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 7:07 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C. Nichols M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5. Mo
23c. DATE SIGNED: 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 27 1953
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 4-23-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John W. Hemphill — ADDRESS: 458 S. Fillmore Av. Kirkwood 22. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

the death certificate

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 _____

Licensed Embalmer No. 4441

P. O. Address 408 S. Fillmore

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.