

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14269**
Registrar's No. **2875**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 32 yrs.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 4215 W. Cook Avenue 2119	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) (NMI)	c. (Last) WILLIS	4. DATE OF DEATH (Month) (Day) (Year) March 26, 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) Widowed	8. DATE OF BIRTH 2/17/1898	9. AGE (in years last birthday) Months Days 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Supply Man	10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE. (City and State or Foreign Country) Wilmott, Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Billie Willis	13b. MOTHER'S MAIDEN NAME Pannie Thomas	14. NAME OF HUSBAND OR WIFE Hannah 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. 492-05-083	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Middleton, 4215 W. Cook

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		INTERVAL BETWEEN ONSET AND DEATH Many yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Aneurysm.		
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 022X

22. I hereby certify that I attended the deceased from 3-26-1954, to 3-26-1954, that I last saw the deceased alive on 3-26-1954, and that death occurred at 4:25A m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Gates</i>	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 3-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/1/54	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. MAR 30 1954	REGISTRAR'S SIGNATURE <i>Charles J. Gates</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Ave.
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(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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.