

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39501

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2417

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY ST. LOUIS		a. STATE Missouri		b. COUNTY St. Louis	
b. CITY OR TOWN CLAYTON		c. CITY OR TOWN Clayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 21 yrs		e. STREET ADDRESS (If rural, give location) 128 North Bemiston			
d. FULL NAME OF HOSPITAL OR INSTITUTION 128 No. BEMISTON AVE;					
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) LORENA			(Month) (Day) (Year)		
b. (Middle) DIXIE			Oct. 16, 1954		
c. (Last) WILLS					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Jan. 11, 1862		9. AGE (In years last birthday) 92		10. CITIZENSHIP USA	
11. BIRTHPLACE Fayette, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Duncan		13b. MOTHER'S MAIDEN NAME Louisa Hughes		14. NAME OF HUSBAND OR WIFE Ernest C. Wills,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Miss Nancy Wills-128 N. Bemiston	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease			several months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		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 <input type="checkbox"/> NO <input checked="" 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)	
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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?	
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22. I hereby certify that I attended the deceased from <u>October</u>, 19<u>51</u>, to <u>October 16, 1954</u>, that I last saw the deceased <u>alive on October 11, 1954</u>, and that death occurred at <u>4</u> A.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Benjamin H. Charles, Jr.</i>			23b. ADDRESS 3720 Washington Blvd. St. Louis		23c. DATE SIGNED Oct. 16, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-18-54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 10/17/54		REGISTRAR'S SIGNATURE <i>Heckel R. Nornberg</i>		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Clarence H. Mur*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis*.....

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.