

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44139**
Registrar's No. **0549**

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

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

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO | | b. COUNTY 2259 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 240 | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 221 So. Broadway | | e. STREET ADDRESS (If rural, give location) | | 25 221 So. Broadway | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Charles | | b. (Middle) | |
| | | c. (Last) Willis | | 4. DATE OF DEATH (Month) (Day) (Year) 12 31 54 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid | |
| 8. DATE OF BIRTH abt. 1904 | | 9. AGE (In years less birth day) 50 | | 10. IF UNDER 1 YEAR Months Days | |
| 11. IF UNDER 1 YEAR Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Wid 9 | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Wid | | 13b. MOTHER'S MAIDEN NAME Wid | | 14. NAME OF HUSBAND OR WIFE Wid | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Wid | | 16. SOCIAL SECURITY NO. Wid | | 17. INFORMANT'S SIGNATURE OR NAME F. E. Taylor | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage | | II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death abt. 9:30 pm on Dec. 31, 1954 | |
| *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 | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Suffered in fall to floor at Worky House 221 So. Broadway | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION accident = no | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brookview E9030 MO | |
| 21d. TIME OF INJURY (Month) (Day) (Year) 12 31 54 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? He fell at above add. | |
| 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 _____ m., from the causes and on the date stated above. | | | | | |
| 22a. SIGNATURE Joseph M. DeLeon | | 22b. ADDRESS 1306 Clark | | 22c. DATE SIGNED 1/7/55 | |
| 22a. SIGNATURE | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE 1-31-55 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Abel | | ADDRESS 4104 Manchester Ave. | |
| DATE REC'D BY LOCAL REG. JAN 19 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Abel | |

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

CECILE

Signed *Paul A. Hutchins*.....

Licensed Embalmer No. *496*.....

P. O. Address *A. Lou*.....

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.