

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24640**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 532		Registrar's No. 1509	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 31 yrs		c. CITY OR TOWN University City		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 7034 Northmoor Drive				STREET ADDRESS (If rural, give location) 7034 Northmoor Drive			
3. NAME OF DECEASED (Type or Print) Arthur S. Willow			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7/2/55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 2, 1906		9. AGE (in years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Self Em.		10b. KIND OF BUSINESS OR INDUSTRY Auto Asc.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur S? Willow			13b. MOTHER'S MAIDEN NAME Laura Paule			14. NAME OF HUSBAND OR WIFE None	
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. unk.		17. INFORMANT'S SIGNATURE OR NAME Laura Willow University City, MO 7034 Northmoor			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus (coma) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Liver. DUE TO (c) Anemia Secondary.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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)			
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?			
22. I hereby certify that I attended the deceased from June 29, 1955 , to July 2, 1955 , that I last saw the deceased alive on June 29, 1955 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Ernest J. Canepa MD. (Degree or title)				23b. ADDRESS 7215 Northmoor Dr.		23c. DATE SIGNED July 2, 1955	
24a. BURIAL CREMATION		24b. DATE 7/5/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. 7/2/55		REGISTRAR'S SIGNATURE Herbert R. Domke, MD.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Mullen & Sons 5165 Delmar Bl St. L. Mo.			

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 *James H. [Signature]*.....
Licensed Embalmer No. *4512*
P. O. Address *34 [Signature]*

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.