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FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31851

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2214

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights, Mo.</u>		c. CITY OR TOWN <u>Richmond Heights</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1322 McCutcheon Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1322 McCutcheon Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Will</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 10, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Transit Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unk.</u>	13b. MOTHER'S MAIDEN NAME <u>Ernestine Kolb</u>	14. NAME OF HUSBAND OR WIFE <u>Corinne Will.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Corinne Will.</u>	ADDRESS <u>1322 McCutcheon Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION <u>Richmond Heights</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulo-nephritis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis 3 yrs.</u>		
	DUE TO (c) <u>Diabetes Mellitus 4 yrs.</u>		
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 <u>446x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 July 10, 1950, to Sept 22, 1955, that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael Dulick</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>9012 Manchester Rd.</u>	23c. DATE SIGNED <u>9-23-55</u>
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24a. BURIAL CREMATION <u>10</u>	24b. DATE <u>9-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-23-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagoner Mortuary</u>	ADDRESS <u>4911 Washington,</u>
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S.G. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *John S. Demme*  
Licensed Embalmer No. *419*  
P. O. Address *St. L.*

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.