

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3434**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>		c. CITY OR TOWN <b>Pagedale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>7232 Ruddy Lane, 14,</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>EVA</b>	b. (Middle) <b>JUANITA</b>	c. (Last) <b>WILLEM</b>	<b>January 3rd, 1956</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 20th, 1916</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carb. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph E. Canfield</b>	13b. MOTHER'S MAIDEN NAME <b>May (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Elmer W. Willem</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-02-3631</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer W. Willem</b>	ADDRESS <b>7232 Ruddy Lane, Pagedale</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY ARTERIOVENOUS STASIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>75 HR</b> <b>24 HR</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>RUPTURED PEPTIC ULCER</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 <b>1-2-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>PRE-PYLOTIC PERFORATION</b>	20. AUTOPSY? <b>540.1</b>
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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 **1-1-1956** to **1-3-1956**, that I last saw the deceased alive on **1-3-1956**, and that death occurred at **11:20P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas Wood</b>	(Degree or title) <b>Dr. North</b>	23b. ADDRESS <b>300 North</b>	23c. DATE SIGNED <b>1-4-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-4-56</b>	REGISTRAR'S SIGNATURE <b>Robert R. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>ALVIN F. FEUTZ</b>	ADDRESS <b>4828 Natural Bridge Blvd. St. Louis 15, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4001

**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..... *Ralph C. Zindler* .....

Licensed Embalmer No. *4279*

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.