

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32502

State File No.

6997

BIRTH NO. 66539-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u>)		a. STATE <u>Missouri</u>	b. COUNTY <u>St Louis</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		c. CITY OR TOWN <u>407X Overland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		STREET ADDRESS (If rural, give location) <u>3724 Gordon</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Joseph</u>	b. (Middle) <u>G.</u>	c. (Last) <u>Willey</u>	<u>July 27 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>July 27 1956</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>---</u>					

13a. FATHER'S NAME <u>Ralph Edward Willey</u>	13b. MOTHER'S MAIDEN NAME <u>Dolores Fern Mc Nabb</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dolores Fern Willey</u>	ADDRESS <u>Above</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undernourishment</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undernourishment</u> DUE TO (c) <u>---</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia resulting from undernourishment. Also Ulcer injection</u>			

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) (Min.)	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 July 27, 1956, to July 27, 1956, that I last saw the deceased alive on July 27, 1956, and that death occurred at 2:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Harrison Hunter M.D.</u>	23b. ADDRESS <u>105 Sutter Bldg. St. Louis, Mo.</u>	23c. DATE SIGNED <u>7/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 28 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Martz</u>	ADDRESS <u>1023 St. Clair St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No Embalming

Signed *Bobbie D. Wilkum*.....

Licensed Embalmer No.....

P. O. Address

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.