

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-3313 74L UNIT # 117,848

-60-048389

STATE FILE NUMBER

Registration District No. Primary Registration District No. 500 Registrar's No. 3689

FILED

VS JAN 9 1961

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1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>ST. LOUIS</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO</b>		a. STATE <b>MISSOURI</b>		b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Length of stay in 1b <b>2339 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First		Middle		Last	
<b>SIDNEY</b>		<b>E.</b>		<b>WILLIS</b>		4. DATE OF DEATH	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>3-11-20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>SHREVEPORT, LOUISIANA</b>		9. AGE (last birthday) <b>40 YRS</b>	
13a. FATHER'S NAME <b>ISOM WILLIS</b>		13b. MOTHER'S MAIDEN NAME <b>ELEANOR BUTLER</b>		14. NAME OF HUSBAND OR WIFE -----		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YNS WW-II</b>				16. SOCIAL SECURITY NO. <b>186-22-7177</b>		17. INFORMANT <b>ELEANOR WILLIS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				Address <b>ST LOUIS MO</b>		Interval Between Onset and Death <b>3 DAYS</b>	
IMMEDIATE CAUSE (a) <b>INTERSTITIAL PNEUMONITIS</b>				DUE TO (b)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Visited the deceased from <b>7-26-54</b> to <b>12-20-60</b> and last seen alive on <b>12-20-60</b> Death occurred at <b>12:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>James S. Nelson</b> (Degree or title) <i>James S. Nelson, M.D.</i>				22b. ADDRESS <b>VA HOSP. JEFF. BRKS. MO.</b>		22c. DATE SIGNED <b>12-20-60</b>	
22d. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <b>12-23-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ellis Funeral Home</b>		ADDRESS <b>2820 Stoddard Street</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-60</b>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Fullton E. Cuel

Licensed Embalmer No. 419

P. O. Address Adler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to  
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.