

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22458

1. PLACE OF DEATH

County St Louis
Township St Ferdinand
City St Louis (In St Louis)

Registration District No. 784
Primary Registration District No. 6030

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Charles B. Willoughby
(a) Residence, No. 3091 Bellevue Drive, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED—HUSBAND or WIFE of Anna Willoughby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	<u>61</u>	<u>3</u>	<u>9</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, particular kind of work Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) Barber Shop
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair County, Illinois

10. NAME OF FATHER Edna L. Willoughby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Delaware

12. MAIDEN NAME OF MOTHER Mary Ensminger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT N. N. Willoughby
(Address) 3091 Bellevue Drive

15. FILED 6-23-29 O. Schuch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/22/29, 19____
17. I HEREBY CERTIFY, That I attended deceased from 6/1/29, 19____, to 6/22/29, 19____, and that I last saw him alive on 6/22/29, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
12.4 B
1250 Crohn's degeneration of liver (NORAL COHOLIC)
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? not known
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. P. Hall, M. D.
6/24/29 (Address) Beaumont, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nokomis, Ill **DATE OF BURIAL** 6/24/1929

20. UNDERTAKER Bergquist & Co. 366 Washington St **ADDRESS**

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
27 1929

O. P. Falk
