

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

Do not use this space.

34377

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6033<sup>a</sup>  
 City Clayton (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 715 Carson Rd. St. Ferguson Ward -  
 (Usual place of abode) (If nonresident, give city or town and State)

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 (write the word) Newborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-33

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
-	-	-	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo.

13. NAME Ralph Wille

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Mae Hixson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottaville Mo

17. INFORMANT Mrs. Wille (mother)  
 (ADDRESS) 715 Carson Road Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette DATE Oct. 22 1933

19. UNDERTAKER Croghan Und. Soc. Inc  
 (ADDRESS) 7146 Manchester Ave.

20. FILED 10/21 1933 Robert J. Hombert Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-8 1933 to 10-18 1933  
 I last saw him alive on 10/18 1933 Death is said to have occurred on the date stated above, at 12 A.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
B. Chapeau  
107A  
 Other contributory causes of importance: polio

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) S. J. Wille M. D.  
 (Address) St. Louis Co Hospital

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.

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

NOV 10 1933

