

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... (No. **City Hosp #1**) St. .... Ward) **18235**

**2. FULL NAME**

(a) Residence, No. **6100**, **East** St., **6** Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **65** yrs. **2** mos. **13** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wife John Wille</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 23 - 1869</i>		
7. AGE YEARS <i>65</i>	MONTHS <i>2</i>	DAYS <i>13</i>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Lineator Operator 92</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Glenn Derruss 92</i>
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <i>162 930</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis Mo*

13. NAME  
*John Wille*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Germany*

15. MAIDEN NAME  
*Bertha Diftman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Germany*

17. INFORMANT (ADDRESS)  
*Map Luff City Hosp*

18. BURIAL, CREMATION OR REMOVAL PLACE DATE  
*Park Lawn May 9th 1934*

19. UNDERTAKER (ADDRESS)  
*Aug. Rockland 2470 - 14071 N. 9th St.*

20. FILED 19.....  
*J. Bredeck Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/6 1934*

22. I HEREBY CERTIFY, That I attended deceased from *5/4 1934* to *5/6 1934*  
 I last saw him alive on *5/6 1934*. Death is said to have occurred on the date stated above, at *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis* Date of onset *5-4-29*

Other contributory causes of importance:  
*Scirrhous Degeneration* { *5-4-29*  
*Arterio Sclerosis*

(Name of operation..... Date of.....  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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) *John A. Hines*, M. D.  
 (Address) *1515 Lafayette Ave.*

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.

JUN 19 1934

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

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1  
10  
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