

JUN 5 1936

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

Do not use this space.

20994

1. PLACE OF DEATH

County
Township
City *St. Louis, Mo.*

Registration District No. **791**
Primary Registration District **1008**
4255 W. Gate Brilliante

File No.
Registered No. **5199**
Ward

2. FULL NAME

William H. Willis

(a) Residence, No. *4255 W. Gate Brilliante* 1/ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Col'd* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emma Willis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Not known*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *About 65*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Labour*
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) *Madison Ga.*

MOTHER 13. NAME *John Willis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Ga.*

15. MAIDEN NAME *Annie Holmes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Ga.*

17. INFORMANT (ADDRESS) *Emma Willis*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Atlanta Ga. May 14 1936*

19. UNDERTAKER (ADDRESS) *U. L. Beal and Co. 2726 Dupont Ave.*

20. FILED *J. F. Predeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 10, 1936* to *May 10, 1936*
I last saw *him* alive on *May 10, 1936*. Death is said to have occurred on the date stated above, at *10:50 P.M.*
The principal cause of death and related causes of importance were as follows:

Shrun Myocarditis
P. S. C.
Other contributory causes of importance:
Arteriosclerosis
Hypertension

Date of onset
Indefinite

Name of operation *Autopsy* Date of
What test confirmed diagnosis? 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? *No*
If so, specify
(Signed) *Harry H. Meyer*, M. D.
(Address) *4903 Delmar*

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.

MAINTAINED FOR BINDING

V. S. 100-2
10-3-28-35

