

DEC 3 1936

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

Do not use this space.

42648

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 12th St. & Locust Ave St. .... Ward)

File No. ....  
Registered No. 11156

2. FULL NAME Edward S. Wills,

(a) Residence, No. 731 Leland Ave., St. N.R. Ward. U. City Mo.  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie B. Wills,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21st 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 8 16  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass't Treas.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Electric Company.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

13. NAME Edward Wills

14. BIRTHPLACE (CITY OR TOWN) Booneville  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cynthia Mc Farland

16. BIRTHPLACE (CITY OR TOWN) Booneville  
(STATE OR COUNTRY) Missouri

17. INFORMANT Jessie B. Wills  
(ADDRESS) 731 Leland Ave

18. BURIAL, CREMATION, OR REMOVAL  
Wagoner Mausoleum DATE Nov 9th 1936

19. UNDERTAKER Wagoner Undertaking Co.,  
(ADDRESS) 3623 Olive St.

20. 6651 G AON 19 J. Bruebeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Nov. 1, 1936

I last saw him alive on Nov. 1, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

chr. myocarditis Date of onset ?

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? None 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) Edwin J. Meyers M. D.

(Address) 6600 Delmar Blvd

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.

Dr. E. P. Meiners  
6600 Alhambra.