DEC 3 1936

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

Do not use this space.

42773

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3301 Washington Blvd. St. ..... Ward)

File No. 11324

Registered No. .....

2. FULL NAME Willard Willis

(a) Residence, No. 3720 Garfield Ave. St., // 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1918

7. AGE: Years 18 | Months 8 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Armature Winder

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) Puxico Mo.

FATHER

13. NAME Arthur Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Clara Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mr. Arthur Willis
(ADDRESS) 3720 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico, Mo. DATE Nov. 16, 1936

19. UNDERTAKER C. W. LINANE BROS.
(ADDRESS) 1710 N. GRAND BLVD.

20. FILED NOV 14 1936 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phydian in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10am m.

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

Gas poisoning Trichlorethylene rec'd while cleaning grease from bottom of metal tank (empty) at place of employment.

Date of onset

Other contributory causes of importance:

N/A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/13, 1936

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Industry

Manner of injury .....

Nature of injury see above.

24. Was disease or injury in any way related to occupation of deceased? yes.

If so, specify see above

(Signed) Harold [illegible], M. D.

(Address) Dr. [illegible]

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.