MAR 26 1937

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

Do not use this space.

File No. 8922
Registered No. 2921

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Frisco Hospital St. ..... Ward)

2. FULL NAME Harrison Will

(a) Residence, No. 5722 Holly Hills St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13th. 1888.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	5	~~12~~ 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Div. Passenger Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco R.R. 96

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) St. Louis, Mo.

FATHER

13. NAME Bernard J. Will

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

MOTHER

15. MAIDEN NAME Margaret Rieth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Lillian E. Will
(ADDRESS) 5722 Holly Hills

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Mar. 18th. 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAR 16 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/13/37, 1937, to 3/15/37, 1937
I last saw him alive on 3/12/37, 1937. Death is said to have occurred on the date stated above, at 5.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis due to hypertension	
93 C	

Other contributory causes of importance:
Chronic Myocarditis with hypertension

Name of operation None 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) Pugh Haynes Jr., M. D.
(Address) 4060 Wyoming

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.