

DEC 13 1937

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

39258  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 225 S. Jefferson Ave Registered No. 10245  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Della Perry Wills

(a) Residence 225 S. Jefferson St. 12  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y. 1, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 57 11 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework  
9. Industry or business in which work was done, as 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) Burksville Kentucky 93

13. NAME Sylvester Coates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

15. MAIDEN NAME Unknown

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

17. INFORMANT Myrtle Williams (ADDRESS) 225 S. Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 11-5 1937

19. FUNERAL DIRECTOR A. Russell Und. Co. (ADDRESS) 2732 Pine Street

20. FILE NOV 4 1937 J. T. Bredeck Local Registrar.

No Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

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 12:30 am.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Date of onset

Other contributory causes of importance: Atherosclerosis

Name of operation..... 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) J. T. Bredeck, M. D.  
(Address).....

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.

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22231

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STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joel Russell  
Licensed Embalmer No. 2115

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**