

FEB 12 1938

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

533  
Do not use this space.  
389

791  
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City ST. LOUIS MO. (d) Street No. JOSEPHINE HOSPITAL St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

HENRY J. WILLEY 400  
(a) Residence, No. 3124 GEYER AV. St. 17  
(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 9-1884  
7. AGE YEARS 54 MONTHS — DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. DRUGGIST.  
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) MISSOURI 0

FATHER 13. NAME JOHN WILLEY 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 0

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) TERESA WILLEY  
3124 GEYER AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JAN. 13 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. SCHUR  
3125 LAFAYETTE AV.

20. FILED JAN 11 1938 19 J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Jan 10 1938

I last saw him alive on Jan 10 1938, 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Pneumonia Lobar Date of onset 1-6-38

Other contributory causes of importance: Diabetes mellitus 1935

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? No  
If so, specify: Philip Schenk, M. D.

(Signed) Philip Schenk (Address) 1707 Grand

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.

1-1212004

STATEMENT BY LICENSED EMBALMER

I, Joseph Rollmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Rollmer  
L. E.

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

Signed Joseph Rollmer  
Licensed Embalmer No. 4014

**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.)**