

FEB 16 1938

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

4102

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County. Registration District No. _____
(b) Township Jeff Primary Registration District No. _____ Registered No. 155
(c) City Rock Hills (d) Street No. St. Marys 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 Almeria Will.

(a) Residence, No. 426 Central Place, Kirkwood St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William D. Will Jr.,

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1938, to 1-22, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jaune 19th, 1902

I last saw her alive on 1-21, 1938 Death is said to have occurred on the date stated above, at 7 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 7 3

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

OCCUPATION 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.

Thrombo Phlebitis
Septicemia
Following a 6 1/2 months
leaky an ect 31-37
at St Marys Hospital
Date of onset 11-9-37
77

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville, Mo.

Other contributory causes of importance:
Septicemia
perforation 1-19-38

FATHER 13. NAME Mr. Blair Miller

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

Exploratory operation Date of 1-13-38
Name of operator Dr. C. C. Fisher
What test confirmed diagnosis? Warders an autopsy? no

MOTHER 15. MAIDEN NAME Lucy Courtney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville, M.o.,

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.

17. INFORMANT William D. Will Jr.
(ADDRESS) 426 Central Place, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's DATE 1-25-38 1938

19. FUNERAL DIRECTOR Henry Leudner Und. Co.
(ADDRESS) 1417 N. Market St.

20. FILED 1-24 1938 Dr. Meyer Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. C. C. Fisher M. D.
(Address) _____

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

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

Signed.....

Al H. Seidler

Licensed Embalmer No.

2264

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