

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

15853
 Do not use this space.

REC'D MAY 6 1938

1. PLACE OF DEATH
 (a) County St Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111 Registered No. 725
 (c) City Rack High (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 Joseph John Wille 400
 (a) Residence, No. 5006 a Queens Ave 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22nd 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	63	7	29	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Collector

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) St Louis
 (STATE OR COUNTRY) Missouri

13. NAME John H Wille

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Bertha Heitmann

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

17. INFORMANT Mrs Gene Thornhill
 (ADDRESS) 5058 Queens Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 23rd 38

19. FUNERAL DIRECTOR Stroot - Carroll
 (ADDRESS) 4600 Natural Bridge Ave

20. FILED 4-22 1938 R. Meyer Local Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-17-38, 1938, to 4-20-38, 1938.
 I last saw him alive on 4-20, 1938. Death is said to have occurred on the date stated above, at 4.30p.
 The principal cause of death and related causes of importance were as follows:
Cor. Myocarditis
Chc. Nephritis
Coronary sclerosis
 Date of onset Jan 38

Other contributory causes of importance: 131
Arteriosclerosis
Chc. Cardiac dilatation
3-28-38
4-20-38

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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 _____, 1938
 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) [Signature], M. D.
 (Address) 31155

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.

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 _____

Licensed Embalmer No. 2265

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.)