REC'D JUN 9 1938

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

16558
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 4419
(c) City St. Louis, Mo. (d) Street No. City Sanitarium 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Willis
(a) Residence, No. 2338 Carr St St. 21
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Zelobia Willis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1887
7. AGE: About YEARS 51 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Teamster
9. Industry or business in which work was done, as saw mill, bank, etc.: Garbage Hauler
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ferguson Missouri 0

FATHER
13. NAME: Henderson Willis 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Texas 0

MOTHER
15. MAIDEN NAME: Mary Buckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Missouri

17. INFORMANT (ADDRESS): A. A. Cook 5400 Arsenal St
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: 5-14-38, 19
19. FUNERAL DIRECTOR (ADDRESS): Riley Und. Co. 3755 Finney Ave
20. FILED: MAY 14 1938 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19, to 5-9-38, 19
I last saw him alive on 5-9-38, 19. Death is said to have occurred on the date stated above, at 6:06 P.M.
The principal cause of death and related causes of importance were as follows:

Status Epilepticus 5-9-38 — Date of onset

83

Other contributory causes of importance:
Paresis 7-1-37x

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? 1
If so, specify .....
(Signed) Arnold A. Cook, M. D.
(Address) 5400 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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 X12004

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed, 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.....

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.)

CF