

REC'D FEB 11 1939

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

1889
Do not use this space.

1. PLACE OF DEATH

(a) County CAPE GIRARDEAU Registration District No. 125
 (b) Township Maple Primary Registration District No. 5-178
 (c) City " (d) Street No. R.F.D. #2 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 400 OTTO F. WILLA

(a) Residence, No. R.F.D. #2 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 CAROLINE OELSCHLEGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 1th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70. 0. 6.

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

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) GORDENVILLE MO.

FATHER 13. NAME HENRY WILLA.

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

MOTHER 15. MAIDEN NAME DORETTA KUNDEL.

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

17. INFORMANT (ADDRESS) BENJ WILLA. CAPE GIRARDEAU MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ZIONS MET CEMT DATE JAN, 9th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HAMAN'S FUNERAL HOME CAPE GIRARDEAU MO

20. FILED 1-7-39 Wm. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939, to Jan 7 1939
 I last saw him alive on Jan 7 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Chronic Bright's disease

Date of onset

?

Other contributory causes of importance:

Arterio Sclerosis3 days

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) W. A. Schwen, M. D.(Address) Cape Girardeau, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

L. J. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Mo.

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.)

If this body is not embalmed, above space should be left blank.