DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27917

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7417

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5356 Arlington Avenue 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5356 Arlington Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Willette 430

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luella May Willette

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 14, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	14	hr. min.

9. Birthplace Toledo (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Printer 6

11. Industry or business Printing 6

FATHER
12. Name John Willette
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Matilda Burdie
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Luella May Willette
(b) Address 5356 Arlington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 '39 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc
(b) Address 3402 No. Kingshighway

19. (a) AUG 29 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th year 1939 hour Nine minute 20 a. M.

21. I hereby certify that I attended the deceased from Aug 21, 1939 to Aug 28, 1939 that I last saw him alive on Aug 27, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Hypostatic pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Unspecified

Of autopsy 93C

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. E. Marrow (M. D. or other)
Address 4005 W Florence Date signed 8-28-39

(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.

I X19511

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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