REG'D SEP 14 1939

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

Do not use this space.

30070

92 5 0 2 1

1. PLACE OF DEATH
County St. Charles
Township ~~Dardenne~~
City St. Peters (No. 450, St. Ward)

Registration District No. 760 B
Primary Registration District No. 6001
File No. 87
Registered No. 87

2. FULL NAME Henry A. Wille

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Gertrude Wille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 7, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. maintainance Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Peters, Mo.

FATHER

13. NAME: Henry Wille
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Helena Stieret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Oscar Wille

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters, Mo. DATE 9-6-39, 19

19. UNDERTAKER (ADDRESS): Geo. Stiefvater, St. Peters, Mo.

20. FILED Sept 5, 1936 E. A. Keathly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939, to Sept 3, 1939
I last saw h. alive on Sept 2, 1939. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Pulmonary edema due to cardiac failure	

Other contributory causes of importance:

Hypertension	1930

Name of operation: none Date of
What test confirmed diagnosis? 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, 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?
If so, specify
(Signed) Nicholas J. Honich, M. D.
(Address) O'Fallon, Mo.

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