

REC'D APR 23 1940

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

12199  
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 257  
(b) Township \_\_\_\_\_ Primary Registration District No. 3036 Registered No. 51  
(c) City St Charles (d) Street No. 400 N 2nd St 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

Arthur B. Willis  
(a) Residence, No. St Charles Mo 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Emma Jane Meloch Nee Wilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know 1868  
7. AGE YEARS 73 yrs MONTHS 8 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Mo

FATHER 13. NAME Steve Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

MOTHER 15. MAIDEN NAME Don't know / Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know / Unknown Mo

17. INFORMANT Daniel Willis  
(ADDRESS) 900 N 2nd St, St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES St Peters Cemetery DATE March 22 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Dillinger 900 N 2nd St Charles Mo

20. FILED 3/8 19 40 Clarence H. Wessler  
Local Registrar

CRONER'S MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-40 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest 3-5-40, 19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at noon.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Failure with terminal pneumonia.

(no attending physician)

Other contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? YES

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) John Ruse / ###  
(Address) Coroner St. Charles Co. Mo

WHILE PLAINLY, WITH UNFADING IMPRESSION THIS IS A PERMANENT RECORD  
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.

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**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 *John E. Dallmeyer*.....

Licensed Embalmer No. *2951*.....

P. O. Address *St Charles 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.**