

OCT 10 1940 784

Primary Registration District No. 101

Registrar's No. 1781

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution:  
# 260 Brentwood, Blvd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Jess Lee Will.

3. (b) If veteran, name war NO  
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 DEE C. WILL  
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: JULY 14 1882  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>58</u>	<u>2</u>	<u>6</u>	hr. min.

9. Birthplace TABOR IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation INSURANCE (BROKER)

11. Industry or business \_\_\_\_\_

12. Name JAMES WILL

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name AMERICA TEMPLETON WILL

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN EDY

(b) Address # 260 BRENTWOOD BLVD

17. (a) REMOVAL (b) Date thereof SEPT 25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORTLAND OREGON

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) SEP 22 1940 (b) R. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 260 Brentwood, Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20  
year 1940 hour 3:10 minute SP M.

21. I hereby certify that I attended the deceased on 9/20-40  
(Pronounced D. E. Will)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion  
Due to Sclerosis - arterio

Due to 94%

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 20

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 it occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R.K. Andrews (M. D. or other) \_\_\_\_\_

Address 4932 Mary Court Date signed 9/21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

470  
PO-4620  
JMS - 1-17 P.M.

632 am. 13113049

**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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.**