

No. 2
4-13-40
-17-39
X23159

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 88

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... Saint Louis, Missouri.

(c) Name of hospital or institution:
2127-A Russell Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County..... 000

(c) City or town..... Saint Louis, 2317
(If outside city or town limits, write "RURAL")

(d) Street No..... 2127-A Russell Blvd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... 0 years.

3. (a) PRINT FULL NAME..... Mathilda J. Wille,

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex..... Female / 5. Color or race..... White

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

6. (b) Name of husband or wife..... Joseph Wille

6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... August 21st, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 4th,
year..... 1941. hour..... 1 minute..... 20 A. M.

21. I hereby certify that I attended the deceased from..... Jan 2
..... 1941 to..... Jan 4 1941;

that I last saw him alive on..... Jan 4 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>13</u>	hr. min.

Immediate cause of death
Myocardial infarction
Cardiac asthma

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... Saint Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... John Feder

13. Birthplace..... Saint Louis Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name..... Barbara Mathis

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

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant..... Joseph J. Wille
(b) Address..... 2127-A Russell Blvd.

17. (a) Burial (b) Date thereof..... Jan. 6th, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Park Lawn Cemetery

18. (a) Signature of funeral director..... J. J. J. Bros.
(b) Address..... 2623 Cherokee Street.

19. (a) JAN 6 1941 (b) J. J. J. Bros.
(Date received local registrar) (Registrar's signature)

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... 0

23. Signature..... R. Berg (M. D. or other) md
Address..... 2253 Nebraska Date signed..... 1/4/41

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

0
7
9

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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, fact should be so stated above.