

S. No. 2  
-4-13-40  
-5-17-39  
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12959  
3389

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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  
7827 VERMONT AV. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7827 VERMONT AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME CHARLES L. WILL

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEFIN 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JUNE 28 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business Animal Food

12. Name FREDRICH WILL

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

14. Maiden name UNKNOWN

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

16. (a) Informant JOSEFIN WILL

(b) Address 7827 VERMONT

17. (a) BURIAL (b) Date thereof MAR. 21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST. MARCUS CEM.

18. (a) Signature of funeral director J. P. ...

(b) Address 7128 Michigan

19. (a) APR 19 1941 (b) J. P. ...  
(Approved local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 18  
year 1941 hour 2 minute 4 A. M.

21. I hereby certify that I attended the deceased from May - 10 - 1940 to Apr. 18 - 1941  
that I last saw him alive on 4 - 17 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to age

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

Major findings: Of operations none

Of autopsy none made

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?

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

23. Signature OSP ... (M. D. or other)

Address 6006 Virginia Date signed 4/18/41

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

**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:

*Harry J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address

*732 Lemay*

**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.**