

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 16468

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3986

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether _____)
In this community 65 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7/2
(d) Street No. 4866a Penrose St.
(If rural, give location) 9
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Germany

3. (a) PRINT FULL NAME John Will

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24, 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Will
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Marla Webber
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Arthur Will
(b) Address 4701 St. Louis Ave

17. (a) Burial (b) Date thereof 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. MAY 12 1941 (Date received local registrar) (b) J. F. Budweck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1941 hour 2:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia, Fracture of left humerus; when he fell over root of tree in areaway between curb and sidewalk, on the south side of Rosalie Ave., between Red Bud and Athlone, about 25 feet west of the alley; April 27, 1941. Duration. _____
Due to _____
Due to _____
Other conditions About 12:15 P.M.
(Include pregnancy within 3 months of death)

Major findings of operations _____
Of autopsy _____
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) Accident
(b) Date of occurrence April 27, 1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Thomas A. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 5/12/41

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

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17
9
5

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 *William G. Bushhol*

Licensed Embalmer No. *2110*

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, fact should be so stated above.