No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25987

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 102

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hrs.
In this community all life in St. Charles Co.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Peters, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: August Willott
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August (Month) 1 (Day) 1853 (Year)

8. AGE: Years 87 Months 10 Days 1 If less than one day hr. min.

9. Birthplace: St. Peters, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation: laborer
11. Industry or business:
MOTHER FATHER
12. Name: Mike Willott
13. Birthplace: Germany
(City, town, or country) (State or foreign country)
14. Maiden name: Catherine Diehr
15. Birthplace: unknown
(City, town, or country) (State or foreign country)
16. (a) Informant: Frank Willott
(b) Address: 4622 Delor, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, Mo.
18. (a) Signature of funeral director: Geo. Stiefvater
(b) Address: St. Peters, Mo.
19. (a) 6-3-41 (Date received local registrar) (b) Clarence B. Nessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd 1941 Coroners Case 11:45 P.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: Shock & Concussion of Brain
Due to: Accident
Due to:
Other conditions: Gen Art Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

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): accident
(b) Date of occurrence: June 2nd 1941
(c) Where did injury occur? St Charles Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 40 nr St Charles Co (Specify type of place)
While at work? No (e) Means of injury: Automobile
23. Signature: E. T. Erich Schaab M.D. (M.D. or other)
Address: St Charles Mo. Date signed 6/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 25987

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 102

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August Hillot
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Shock + Contusion of brain
Due to accident
Due to
Other conditions Gen. art. sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) accident
(b) Date of occurrence June 1, 1941
(c) Where did injury occur? St. Charles (City or town) St. Charles (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Struck by auto on Clay St. Highway 40 - St. Charles Mo
(Specify type of place)
While at work? No (e) Means of injury auto Mo.
23. Signature A. P. Erich Schulz (M.D. or Coroner)
Address St. Charles Mo. Date signed 9/30/41

SUPPLEMENTARY

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

St. Charles Mo