S. No. 2
M—1-4-41
r. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5130

FILED MAR 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 266

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:
4161 Tyrolean Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 4161 Tyrolean Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret Will

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased September (Month) 14 (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bernard Will
(b) Address 4161 Tyrolean Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Gacker-Aldeule Mnd Co.
(b) Address 3634 Gravois Ave.

19. (a) JAN 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 th.
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 8th 1941 to Jan. 9th, 1942;
that I last saw her alive on Jan. 8th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	3 days
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	6 weeks

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) XX
(b) Date of occurrence XXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. W. H. Walters (M. D. or other) XXX
Address 3608 S. Grand Blvd. Date signed 1/10/42

(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 Frank J. Wyland

Licensed Embalmer No. 2645

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.