

FILED JUN 5 1948 318

Registration District No.

Primary Registration District No.

1003

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:
City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 Days.
(Specify whether
In this community..... 30 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")
(d) Street No. 1439 N. 21st. Street.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gilbert Thomas Wills.

3. (b) If veteran, name war..... No. 3. (c) Social Security No. 494-09-3408

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife..... Rezza Wills. 6. (c) Age of husband or wife if alive..... 46 years
7. Birth date of deceased..... September 20 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 26 hr. min.

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

10. Usual occupation..... Rust Proofer.
11. Industry or business..... Century Electric Co.

MOTHER FATHER { 12. Name..... Jeff Wills.
13. Birthplace..... Illinois
(City, town, or county) (State or foreign country)
14. Maiden name..... Nellie Martin.
15. Birthplace..... Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Rezza Wills.
(b) Address..... 1439 N. 21st. Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 5-19-43.
(Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peters Cem.

18. (a) Signature of funeral director..... H. Leidner Und. Co.
(b) Address..... 2223 St. Louis Ave

19. (a) MAY 17 1948 (Date of local registration) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 16
year..... 1943 hour..... 12 minute..... 05 A.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..... Hemorrhage in left Temporal Lobe of Brain, Fracture of Skull Extradural + subarachnoid

Due to..... Hemorrhage of Brain
Time Place Cause Manner of..... Time Place Cause Manner of
Due to..... same could not be determined

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

Major findings: Of operations..... 1943
Of autopsy..... HO

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)..... Open Verdict
(b) Date of occurrence..... Unknown
(c) Where did injury occur?..... St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Undetermined

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

23. Signature..... W. H. Perry (M. D. or other)
Address..... St. Louis Date signed..... 5/17/43

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.....

John P. Buehler

Licensed Embalmer No.....

1604

P. O. Address.....

2223 S. Lewis Ave.

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.