

FILED AUG 18 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7222

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 Weeks
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town... Belle
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country... 1

3. (a) PRINT FULL NAME JACOB WILLOUGHBY

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... Married
6. (b) Name of husband or wife... Emma Willoughby 6. (c) Age of husband or wife if alive... 70 years
7. Birth date of deceased... 1866?
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77? ? ? hr. min.

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

10. Usual occupation... Farmer

11. Industry or business... Agricultural

12. Name... Thomas Willoughby
13. Birthplace... Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name... Martelia Wallace
15. Birthplace... Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr. William Pohl

(b) Address... 4670a Tennessee

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof... 8-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation... Belle, Missouri

18. (a) Signature of funeral director... Albert H. Hoppe

(b) Address... 4700 Washington Blvd.

19. (a) AUG 10 1943 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 9
year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from JULY 26, 1943, to AUG. 9, 1943;
that I last saw him alive on AUG. 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death... Ventricular fibrillation
Due to... Arteriosclerotic heart disease

Due to...
Other conditions... post-op suprapubic prostatectomy
(Include pregnancy within 3 months of death)
Major findings... Benign prostatic hypertrophy
Of operations...
Of autopsy...
PHYSICIAN

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.....
23. Signature A. C. Abney (M. D. 8/9/43)
Address BARNES HOSPITAL Date signed.....

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

MOTHER FATHER

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 J. Allen Davis Jr
Licensed Embalmer No 1053
P. O. Address City

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: