

FILED FEB 19 1944  
Registration District No. **317**

Primary Registration District No. **3063**

Registrar's No. **384**

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number at location)  
(d) Length of stay: In hospital or institution 20 min.  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Emma Willis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married 3 divorced Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Nov. 16 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 2x  
If less than one day hr.  min.

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

10. Usual occupation Domestic

11. Industry or business ✓

12. Name Ambrase Bentley

13. Birthplace Humboldt MO  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Williams

15. Birthplace Eureka MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Freye

(b) Address 1625 A Franklin St. St. Louis

17. (a) Burial (b) Date thereof 2-15-44  
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J.C. Reubie

(b) Address 27 Euclid Webster Groves

19. (a) FEB 15 1944 (b) A.S. McGowan, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 E. Kirkham  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-10-44 day \_\_\_\_\_  
year \_\_\_\_\_ hour 6:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 2-10-44  
5:55 P.M., 19\_\_\_\_, to 2-10-44 6:15 P.M.  
that I last saw her alive on 2-10-44, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Cardio-Vascular Disease  
Due to Etiology Unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93rd

Of autopsy none performed

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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury ✓

23. Signature John Neederhiser (M. D. or other) M.D.  
Address St. Louis Co. Hosp. Clayton Mo. Date signed 2-14-44

Durdtton \_\_\_\_\_

\_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

JUL 18 1947

**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. P. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

**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.**