

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3993**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4549a Fair Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community
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") 1710
(d) Street No. 4549a Fair Ave
(If rural, give location) 19
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Herman A Will

3. (b) If veteran, name war None 3. (c) Social Security No. 493-09-0141

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Will nee Stohlmann 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 20, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

12. Name Ludwig Will

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

14. Maiden name Christina Kolb

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Will
(b) Address 4549a Fair Ave

17. (a) Burial (b) Date thereof 5/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 29, 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1944 hour 11:25 AM minute M.

21. I hereby certify that I attended the deceased from Mar 31 to 4-27 1944
that I last saw him alive on 4-26 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 20 days

Due to Chc Cardio Vasculan Hypertensive disease

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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).....
- (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) (c) Means of injury.....

Signature H. S. Street (M. D. or other) M.D.
Address 2739 N. Grand Date signed 4-28-44

WRITE PLAINLY—USE UNFADING INK

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.