

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1329
Registrar's No.

FILED FEB 24 1945
318

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community Life
(years, months or days)

3. (a) PRINT FULL NAME Otto Willig

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 4, 1871.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Fred Willig

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

14. Maiden name Margaret Schreck

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

16. (a) Informant Mrs. Jesse Schwartz

(b) Address 4284 Lee Ave.

17. (a) Burial (b) Date thereof Feb. 10, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 10 1945 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1908 Cass Ave.
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1945 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from 2/3/45
....., 19....., to 2/8/45....., 19.....;

that I last saw him in alive on 2/8/45....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration

Due to Ducteris album

Due to

Other conditions Renalmyel arteris album
(Include pregnancy within 5 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?

(Specify type of place) (e) Means of injury

23. Signature Earl Caproni (M. D. or other)
1515 Lafayette 2/8/45
Address 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.....

John A. Minner

Licensed Embalmer No. *4186*

P. O. Address.....

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his QWN 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.