

FILED MAY 12 1945
Registration District No. 1818

Primary Registration District No. 1003

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

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:
2107 S. 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. 2107 S. 4th Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Willis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Anna Willis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 9, 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Lee Willis

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

14. Maiden name Edna Davis

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

16. (a) Informant Edna Power
(b) Address 2107 S. 4th Street

17. (a) Removal-Hearse (b) Date thereof May 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silva Missouri

18. (a) Signature of funeral director Weick B os.

(b) Address 2201 S. Grand Bl.

19. (a) APR 29 1945 (b) J. F. Bealeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 28
year 1945 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3/26/45 to 4/27/45
that I last saw him alive on 4/27/45 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration _____
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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) _____ (Specify means of injury)
23. Signature Arthur B. Cannon M. D. or other _____
Address 2103 22nd Bl. Date signed _____

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.....

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

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.