

S. No. 2
 M-543
 v. 5-17-39
 X36871

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

State File No. **11813**
 Registrar's No. **2408**

FILED 81820 1946

Registration District No. _____ Primary Registration District No. _____

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:
5024 Cates Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")

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

(d) Street No. 5024 Cates Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mortimer Willer

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 Edith Kefauver Willer

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

7. Birth date of deceased July 7 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
 year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 10 1940, to March 12 1946
 that I last saw him alive on March 15 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death _____

Due to Myocardial failure 3 days

Due to Uremia 1 wk

Due to Cas. Intestinal infarct 4 days

Due to Cas. Myocarditis 10 days

Due to Bronchial carcinoma 8 days

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

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Clothing

12. Name David Horvilleur

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

14. Maiden name Unknown

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

16. (a) Informant M. Kefauver

(b) Address 5024 Cates Ave.

17. (a) Burial (b) Date thereof 3-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) MAR 12 1946 (b) J. F. Brudick
(Date received local report) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. F. Brudick (M. D. or other) _____
 Address 4957 Maryland Date signed 3/12/46

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

H. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

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.