No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39242

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10235

1. PLACE OF DEATH

(a) County Missouri

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3307 Caroline Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willingham, Harvey

3. (b) If veteran, name war Nil

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife IRENE

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August (Month) 24 (Day) 1882 (Year)

8. AGE: Years 64 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Retired

FATHER
12. Name Chas. Willingham
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant IRENE Willingham

(b) Address 3307 Caroline Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director A W McLaughlin

(b) Address 2301 Lafayette Av.

19. (a) NOV 30 1946 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 46 hour 10 minute 04 a. M.

21. I hereby certify that I attended the deceased from 11-27-46, 19, to 11/28/46, 19; that I last saw him alive on 11/28/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from oesophageal varix due to Cirrhosis

Due to of liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hemorrhage from oesophageal varix; Cirrhosis Liver

Duration

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)

While at work? (e) Means of injury

23. Signature Dallas J Dyer M.D. (M. D. or other)

Address 4154 McPherson Date signed 11/29/46

(Licensed Embalmer's Statement on Reverse Side)

VI

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.