S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3296

FILED FEB 1 1947

Registration District No. 1819

Primary Registration District No. 1003

Registrar's No. 949

1. PLACE OF DEATH:

(a) County

(b) City or town Homer G. Phillips Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(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 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3351 A. Delmar Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hezekiah Willis

3. (b) If veteran, name war ne

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Mamie Hawkins Willis

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 10, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	9	15	hr. min.

9. Birthplace Claksdale Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Laberer

11. Industry or business

FATHER
12. Name Hezekiah Willis
13. Birthplace Clarksdale, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie ?
15. Birthplace Clarksdale, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Willis.

(b) Address 3351 A. Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale, Miss.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) JAN 28 1947 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25 year 1947 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward E. Frey (M. D. or other)

Address Dg. Tex Date signed 1/28/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1957

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.