

No. 300
10-47
5-17-39
3306

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4552
Registrar's No.

FILED MAY 26 1948
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(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

3. (a) PRINT FULL NAME James Leroy Wille
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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 26 hr. _____ min. _____

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

10. Usual occupation _____
11. Industry or business _____

12. Name Leroy Wille
13. Birthplace Dittmer Missouri
14. Maiden name Shirley Waugh
15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Leroy Wille

(b) Address Removal
17. (a) _____ (b) Date thereof May 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin Evangelical Ceme.
18. (a) Signature of funeral director Waick Bro. and Co. Dittmer, Mo.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 14 1948 (b) J. J. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Ceder Hill, Missouri 50
(If outside city or town limits, write "RURAL")
(d) Street No. T.R. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1948 hour 5 minute _____ A. M.
21. I hereby certify that I attended the deceased from birth
_____ 19. to 5/15/48 19. _____
that I last saw him alive on 5/15/48 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia Duration 2 h.
Due to aftermath of Pertussis

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

Major findings: _____
Of operations _____
Of autopsy Tuberc Pneumonia
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? Ceme.

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature A. William Porth, M.D. (M. D. or other) _____
Address 5101 Delmar St. Date signed 5/15/48

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 J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *7201 S. Grand*

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.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

IN COOPERATION WITH
St. LOUIS HEALTH DEPARTMENT
ST. LOUIS, MO.

OFFICIAL BUSINESS

May 21, 1948.

4852

108

Dr. Wm. Pertel,
5101 Delmar,
St. Louis, Mo.

Dear Doctor:

A death certificate signed by you has been filed in the St. Louis Bureau of Vital Statistics on James Leroy Wille of Cedar Hill, Mo. giving the cause of death as Pertussis Died 5-15-48 Park Lane Hospital

The records in the office of the Communicable Disease Control show that this case has never been reported to the St. Louis Health Division and in order to complete our files, I am enclosing a report and a termination card with the request that you fill in the required information and return to this office as soon as possible.

Thanking you for your cooperation in this matter, I am,

Yours very truly,

Earl Smith
E. Earl Smith, M.D.

Medical Director
Communicable Disease Control Section

JES:FB
Encl.

The pertussis was in Cedar Hill, Mo., some 3 months ago. Patient was not under my care then, hence no report. Child ailed since and was finally brought to St. Louis under my care. Cause of death was given as Lobar Pneumonia, not Pertussis which was given as a contributory cause only. I delivered this baby about a year ago, in St. Louis. Hairlip was repaired at Barnes Hospital soon afterwards.

Yours,
G. William Poehl
G. William Poehl, M.D.

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