

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17815

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4671**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> /		c. LENGTH OF STAY (In this place) <b>1 mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5243. Vernon Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>5 5243 Vernon Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>May</b> c. (Last) <b>Willis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1949</b>		
5. SEX <b>Female</b> /		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>2 Aug. 21, 1869</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS: HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b> 0	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Driver</b>		13b. MOTHER'S MAIDEN NAME <b>Werner</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur D. Willis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Willis 5243 Vernon Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular Flutter</b> DUE TO (c) <b>Cerebro-sclerosis.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>1 week</b> <b>years</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>9 20</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H 20 2</b>	

22. I hereby certify that I attended the deceased from **May 23, 1949**, to **May**, 1949, that I last saw the deceased alive on **May 25, 1949**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph R. Muelke M.D.</b>		23b. ADDRESS <b>1303 N. Humphrey</b>		23c. DATE SIGNED <b>5/27/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 28, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Saint Louis County Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Truth Center Mortuary, 4024 Lindell</b>			

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

1303 No  
Fa  
1209

**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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed J. Allen Davis Jr.  
Licensed Embalmer No. 10573  
P. O. Address St. Louis

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.