

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35701
State File No. 8604

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) N.R. 326 St. Frances,			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) A.		c. (Last) Will		4. DATE OF DEATH (Month) (Day) (Year) Oct, 3, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1898		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Tinner		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Will			13b. MOTHER'S MAIDEN NAME Julia Reith		14. NAME OF HUSBAND OR WIFE Mathilda Will		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I ??		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Will, Florissant, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Esophageal ANTECEDENT CAUSES Varic. Fatty Liver Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) 124		(STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 58/10			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. ... (Name or title)				23b. ADDRESS 1305 Clark		23c. DATE SIGNED 10/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/7/49	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery		24d. LOCATION (City, town, or county) (State) Denny Road, St. Louis Co.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 6 1949 J.B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *J. M. White*

Licensed Embalmer No. 3473

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.