

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43436**
Registrar's No. **11072**

FILED JAN 10 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2194 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4225 Westminster Pl. | | d. STREET ADDRESS (If rural, give location) 19 4225 Westminster Pl. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HILDA b. (Middle) MARIE c. (Last) WILLE | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-10-1890 |
| 9. AGE (In years last birthday) 61 | | 10. MONTHS 9 | 11. DAYS 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Catawissa, Mo. D | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown Freie | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Walter H. Wille | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Walter H. Wille, above | | ADDRESS | |
| 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) Congested Heart Failure INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.. DUE TO (b) Metastatic Carcinoma 1 year DUE TO (c) Carcinoma Rectum 7 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR 157X | | | |
| 22. I hereby certify that I attended the deceased from Dec 5, 1951 to Dec 12, 1951 , that I last saw the deceased alive on Dec 12, 1951 , and that death occurred at 7 a. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | 23b. ADDRESS 4955 Maryland | |
| 23c. DATE SIGNED 12/14/51 | | | |
| 24a. BURIAL-CREMA-TION REMOVAL (Specify) Burial | | 24b. DATE 12-15-1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | | 24d. LOCATION (City, town, or county) (State) Washington, Mo. | |
| DATE REC'D BY LOCAL REG. DEC 14 1951 | | REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH | | ADDRESS 7450 Manchester Ave. Maplewood 17, Mo. | |

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

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. L. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.