

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36132

State File No. ....

FILED OCT 26 1954

318

1003

9164

BIRTH NO. 74941-54 REG. DIST. NO. .... PRIMARY REG. DIST. NO. .... Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo.  
b. COUNTY

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 Firmin Desloge Hospital

d. STREET ADDRESS (If rural, give location) 1449 East John 7

3. NAME OF DECEASED  
a. (First) Ricky  
b. (Middle) Allen  
c. (Last) Willis

4. DATE OF DEATH (Month) (Day) (Year) 10 8 54

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH 10 - 6 - 54

9. AGE (In years last birthday) 1 8 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Frank Willis

13b. MOTHER'S MAIDEN NAME Anna Marie Earls

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. Nil.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Marie Willis, 1449 East John 7

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital Atelectasis  
  
ANTECEDENT CAUSES  
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  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 7620

22. I hereby certify that I attended the deceased from 10-6-1954, to 10-8-1954, that I last saw the deceased alive on 10-8-1954, and that death occurred at 4:20 m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) D. W. Stewart

23b. ADDRESS 634 N Grand

23c. DATE SIGNED 10/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-9-54

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) St Louis County Mo

DATE REC'D BY LOCAL REG. OCT 9 1954 REGISTRAR'S SIGNATURE J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

DR (Licensed Embalmer's Statement on Reverse Side)

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

3421

**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 Elmo R. Sadwell

Licensed Embalmer No. 4077

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.