

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22456**

FILED JUN 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1364**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hanley Hills</b>		c. CITY OR TOWN <b>Hanley Hills</b> <b>4270</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8117 Bluemont Way</b>		e. STREET ADDRESS (If rural, give location) <b>8117 Bluemont Way</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Ora</b>	b. (Middle) <b>Clyde</b>	c. (Last) <b>Willis</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 3, 1956</b>
---	-----------------------	--------------------------	-------------------------	---

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct 19, 1882</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Warren County, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Benjamin Seavy</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Roberts</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Walter Willis</b>
--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Nil</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Elizabeth Norman</b>	<b>ADDRESS</b> <b>3405 Clara</b>
--	--	--	-------------------------------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Respiratory Insufficiency</b>		<b>2 wks</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) metastatic carcinoma</b> <b>DUE TO (c) carcinoma of the rectum</b>		<b>1 yr.</b> <b>1 1/2 yrs.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>none</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

<b>21a. ACCIDENT — SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>154x</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	--	-----------------------------------

**22. I hereby certify that I attended the deceased from** **Nov. 29, 1954**, to **June 3, 1956**, that I last saw the deceased alive on **June 2, 1956**, and that death occurred at **3:30A** m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>4952 Maryland, St. Louis, 8, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6/4/56</b>
---	-------------------------------	--	--

<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>6-4-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Wright City Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Wright City, Missouri.</b>
---	-----------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>6-4-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington Blvd</b>
--	--	---	---

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

No. 300  
10-48-

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

Student .....  
Signature of Student Embalmer

Signed *J. W. Binkley* .....  
Licensed Embalmer No. *3653*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.